STATE OF MARYLAND—	CERTIFICATE OF DEATH
14/2	307
County VVC Shing Ton	Registration Dist. No.
Village or City Hagex 5 Town.	No. V ash Cottosherst, S Wa
	If death occurred in a horpital or institution, give its NAME Astead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos.
	us. Now long in 0.5. If of foleign birth?
2. FULL NAME I na bouise B	alcer-
(a) Residence: No. 69 W. Churd. (Usual place of abode)	St., S Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	Three 3 1936
remale White married.	(Moth) (Oay) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIEY. That I attended deceased f
COTOR.	1905 to april 2. 195
6. DATE OF BIRTH (month, day, and year) Dec 2 3 - 1893	I last saw has alive on Open 2 1935 death is
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at 43 Am.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or postinular	- were as follows: Oate olon
6. Haue, profession, or particular kind of work dona, as SPINNER, However!	10.00
9 Industry or business in which	La more on the formation of
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and -1035 spent in this occupation 4 this occupation 4 this occupation 5 this occu	
year) Warning - 1935 spent in this occupation 5 64 YS	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 12 rowns ville	Other Contributory Canada of Importance:
(State or country)	
# 13. NAME SOM Sayley	
14. BIRTHPLACE (city or town) Rappa hauade	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAMENTARY E, Marshall	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? vate or injury, 19
Olace F. Oak Kox	(Specify city or town, county and State)
17. INFORMANT VILLO I— CONT. 12V	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURI AL COMMON OR REMOVAL	Manner of injury
Play and state lebote Trus 5, 1938	
2/2001	Nature of injury
19. UNOERTAKER (Address)	24. Was disease or injury in any way related to occupation of decaased?
(Mariess) Flagge 10 mg. Ch	If so, specify

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
MIREAU V.S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
		-			

1. PLACE OF I	STATE (JE MAR	TLAND	CERTIFICATE OF DEATH
County Zv	ashmot	m	2	Registration Dist. No. 363
Village or City	Bigl	mina	14/1/6	und and a St., W.
		7	1477	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence	e In city of town where	death occurred.	yrsmos	sds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME	Baly	Darnh	ceT-	
(a) Residence:	No			St., Ward.
PERSONAL	AND STATIST	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH
Male	white		D (write the word)	April (Month) (Day) (Yea
5a. If married, widowed, of HUSBAND of	r divorced			22. I HEREBY CERTIFY, That I attended deceased
(or) WIFE of				a vil 28 1935 to Cypy. 28 19
6. DATE OF BIRTH (mon	th day and year)	pr. 28, 19	35	I last saw h alive on apr. 28 1935 death is
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 5 10 b.m.
			f day, I.I. hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession	, or particular			Sutra crainal Newschage: due 12.
	done, as SPINNER, OKKEEPER, etc		***************************************	to injury at birthe Obild from hefore tol
andustry or busing work was don	ness in which e, as SILK MILL, ANK, etc			sician arrived . Cu go
10. Dato deceased la	st worked at	11. Total	time (years) enting this	-
O this occupation year)	n (month and	sps	ent in this upation	
12. BfRTIfPLACE (city or	town			Other Contributory Causes of importance:
(State or country)		md_		Child, weak, whining is with a fats of
13. NAME JKen	y Clinton	Barns	int	- yourselva
14. BIRTHPLACE (cit	or town) W. Hu	setto Cross	roads.	Name of operation Date of
(State or cou		30., m	d	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	Gertiende	Viola I	immonts.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (cit	or town) Clear	Spring &	strict-	Accident, suicide, or homicide?
≤ (State or cou	niry) Wash	· Co., m	de	Where did injury occur?
17. INFORMANT	my Elin	ton B	ambay	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	Big	mi	ng mad	
18. BURIAL, CREMATION	OR REMOVAL	no de i	Mag 10.25	Manner of injury
Town to the last	ent-	7 10	VOC 1 SO	Nature of injury
19. UNDERTAKE	my pla	ulin 10	agricus	24. Was disease or injury in any way related to occupation of deceased?
(Address)		The Man	٩,٠	If so, specify
20. FILERCHALL	74.90	- Mar M	Registrar.	(Signed) Trank & Shupper (Address) 1.99 2 M. Potomas D. Hay welven
		blanks are needed,		(unuicos) 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

-	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of cpilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	<i>*</i>			
	1915 1921 July 5, 1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ż

MARGIN RESERVED FOR BINDING

state

STATE OF MARYLAND-CERTIFICATE OF DEATH

07536

1	. PLACE (OF DEA	тн								
	County	Wash:	ington				Registration Dist. No. 302				
	Village or	City MIN	agerst	LIMITS O	0	(If	No. 209 Fast Franklin St., X Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)				
	Length of re	sidence In ci	ily or town where	death occurred	020		ds. How long in U.S. if of foreign birth?yrsmos				
2	. FULL N	AME	Pithian	A. Bl	lake						
	(a) Reside	ence: No. 2	209 East		nkli		St., H Ward. K If nonresident give city or town and State				
SCHOOL S	PERSO	NAL AN	D STATIST	ICAL PA	RTICL	JLARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White Married						write the word)	21. DATE OF DEATH And 22 193	aar)			
	If married, wide HUSBAND of (or) WIRE DES	owed, or divo					22. WEREBY CERTIFY. That I attended decease 22. April 21, 1935, to 2/mie 22, 19				
6.	DATE OF BIRTH	I (month, da	y, and year) J	21v 17	7. 18	864	I last saw h. Last alive on africe 21 , 1935; death	-			
		ears	Months	Days		If LESS than	to have occurred on the date stated above, atm.				
	6	0	10	5	_	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	of onset			
UPATION	9. Industry of work w	work done, R, BOOKKEE	as SPINNER, EPER, etc n which SILK MILL,	Labo	orer.		Cerebral Hemorrhye				
noo	10. Date deces		rked at onth and	11. T	otal time spent in occupat	n this					
12.	BIRTHPLACE ((State or co		Mart	insbur	rg.,	W. Va.	Other Contributory Couses of importance:				
ER	13. NAME	Pete	er Blake	3			They was son				
FATHER	14. BIRTHPLA	CE (city or to or country)	own) Maj	rtinsb	ourg.	Va.	Name of operation	7			
ER	15. MAIDEN N	IAME ME	ary Smi	th			23. If death was due to external causes (VIOLENCE) fill in also the following:				
MOTHER	16. BIRTHPLA	CE (city or to	Me Me	artins	sbur	g W. Va.	Accident, suicide, or homicide? Date of injury, 1' Where did injury occur?	9			
17.	INFORMANT (Address)	Flor	rence B	lake 1, Md.			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
18.	BURIAL, CREMA		REMOVAL Bburg, I	V. Datya.	Apr	. 2419.35	Manner of injury				
19.	UNDERTAKER . (Address)	C. 1	M. Suter	r & Scown	ons Id.	(-a	24. Was disease or injury in any way related to occupation of deceased?				
20.	FILED.4-	22-	1935-4	Har	14	Registrar.	(Signed) Tr. A. Jarrelon (Address) Jollyson war m	M. D.			
			If more	blanks are nee	eded, addr	ess State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	-			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	V
------------------	-----	---------	------------	----	-----------	---

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
SIAIL		IVIAINIL	AIV D	CLIVIII	CHIL		DLAII

	OT 1 T = 0		// A N I D	CERTIFICATE OF REATH	000
		F MAR	YLAND-	CERTIFICATE OF DEATH	21
1. PLACE OF				Dogietation Disk No. 30	
,	Washington			Registration Dist. No.	
Village or City	Hagersto	wn		Nowashington County Hospital, 1 3	Ward
Length of resider	nce in city or town where d	eath occurred		ds How long in U.S. if of foreign birth?yrsmos	
2. FULL NAM		ra Blet			
(a) Residence	76 Ob.	rch Str		St. 5 Ward.	
(a) Residence	. (10.	(Usual place		If nonresident give city or town and State	
PERSONA	L AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female	White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH April 29 (Month) (Day) (Day)	5.
5a. If married, widowed, HUSBAND of	or divorced	, , , , , , , , , , , , , , , , , , , ,			(ear)
(or) WIFE of				22. HEREBY CERTIFY, That I attended deceas	
	A n	mil 10	1000		
7. AGE Years	onth, day, and year) Ap	Days	If LESS than	to have occurred on the date stated above, at 9:00A m.	11 12 231
63	0	11	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession	on, or particular		ormin.	were as follows:	olonse
kind of wor	k done, as SPINNER, P.	actory '	Worker	Lewyrowall, alle of	
9. Industry or but				1K N X VECTO X01100 1	a
	BANK, etc	1 11 Total 6	ima (uaara)	- OK The A WOOS IT	7
	ion (month and	sper	ime (years) ntin this upation	WO LOUD JA	
	r town) Hagers			Other Contributory Causes of importance:	
12. BIRTHPLACE (city of (State or country)	v) Md.	00111		Service Control of the Control of th	
II 13. NAME Fr	ederick St	inebaug	h		
Y .	ity or town) Hage			Name of operation Date of	
14. BIRTHPLACE (c	untry) M	d.		What test confirmed diagnosis? Was there an autops	n.M
15. MAIDEN NAME	Unknown			23. If death was due to external causes (VIOLENCE) fill In also the following:	-/
16. BIRTHPLACE (c	ity or town)			Accident, suicide, or homicide? Date of injury	19
E (State or co	uniry) Ger	many		Where did injury occur? (Specify city or town, county and State)	
	rs. Bessie Hagerstown			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATIO		25	7 75	Manner of injury	
Place Hage	rstown, Md	· Date May	1, 1900	Nature of injury	
TO ST	red W. Kra agerstown,		el-	24. Was disease or injury In any way felated to occupation of deceased?	
20. FILED 4 3c	1 ,1935/6	reseff	Boules Registrar.	(Signed) (Address) (Address)	M.
	If more	blanks are needed, a	address State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

out the particular kind of work done and return that, as spinner, weaver, etc. "worker," "operative," etc.

most blastating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death .-- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal eause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7	Example II			
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year		
(516)					

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
-------	----	-------	------	--------	-------	----	-------

STATE OF WAKT	LAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		(159)	
County Washington		Registration Dist. No. 36	1
Village or City Hagers town	(16	No. 17 Burger Avenue St.,	Ward Ward
Length of residence In city or town where death occurred	yrsmos	ds. How long in U. S. if of foreign birth? wrs mos	ds.
2. FULL NAME Virginia Lorai	ne Bower	rs	
(a) Residence: No. 17 Burger Aver		St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTIC		MEDICAL CERTIFICATE OF DEATH	Marc
3. SEX 4. COLOR OR RACE 5. SINGLE, MARR		21. DATE OF DEATH	
	(write the word)	April 5,	1935
5a. If marriad, widowad, or divorced		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		22. A HEREBY CERTIFY, That I attanded of	eceased from
6. DATE OF BIRTH (month, day, and year) April 5,	1935.	1 214 2:-	death Is said
7. AGE Yaars Months Days	If LESS than	to have occurred on the date stated above, at 10:45A.	
0 0 0	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causes of importanco ware as follows:	
8. Trada, profassion, or particular		ware as follows:	Date of onset
kind of work done, as SPINNER, Infant	Child	Tremahure Bult	
Industry or husiness in which		61/2 2nd	
work was done, as SILK MILL, SAW MILL, BANK, atc		-	
	in this		
**	oation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) Hagerstown (State or country) Md.			
13. NAME Russell Bowers			
13. NAME Russell Bowers 14. BIRTHPLACE (city or town) Hagerstown		Name of operation	
(State of country) INCL •		What test confirmed diagnosis? Was there an at	topsy?
15. MAIDEN NAME Lucille Trout		23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Frederick (State or country) Md.		Accident, suicide, or homicide? Date of Injury	, 19
		Where did injury occur? (Specify city or town, county and State	
17. INFORMANT Russell Bowers (Address) Hagerstown, Md.		Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	6 75	Manner of injury	
Place Hagerstown, Md. Date Apr.	0, 1900	Nature of injury	~=====
19. UNDERTAKER Fred W. Kraiss, (Address) Hagerstown, Md.		24. Was disease or injury In any way related to occupation of dacaased?	
4/6/ 35 bhast	Breve	(Signed) M. G. Frollon	M. D.
20. FILED. 19	Registrar.	(Address) / fryeislown W	14.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الــــــا		

STATE OF	MARYLAND—CERTIFICATE	OF DEA	TH
----------	----------------------	--------	----

1. PLACE O	F DEATH			(102.5)	
County	Washington			Registration Dist. No. 302	
	City Ner Ha			No. St. Ward	
	sidence in city or town where			death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?	
2. FULL NA	MEHillim H	Bowers			
	nce: No. Same a			St., Ward. If nonresident give city or town and State	
PERSON	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX le	4. COLOR OR RACE	5. SINGLE, MARK OR DIVORCED Wide	(write the word)	21. DATE OF DEATH April 13, 1935	
5a. If married, widos		1 1200	, n C Q	(Month) (Day) (Year)	
HUSBAND of (or) WIFE of	Sarah S	mith		22. A HEREBY CERTIFY. That I attended deceased from 1932, to april 13 1935	
6. DATE OF BIRTH	(month, day, and yeer)	ct. 3,	1847	I last saw h Jun alive on Opin / 13 , 19 35; death Is sain	
7. AGE Ye	Months 6	Days	If LESS than 1 day,hrs. ormin,	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
9. Industry or work was SAW MI 10. Date deceas this occupear)	ity or town)	occu	n-5	Other Contributory Causes of importence: My and and in the form	
14. BIRTHPLAC	E (city or town)	ington	Cond	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Ann Maria Keplinger 16. BIRTHPLACE (city or town) Wash Co Md (Stete or country) Mrs Alice Bopp			ger	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
	Halfway Mo		11.171936	Menner of injury	
Albert Leaf 19. UNDERTAKER Williamsport Md.				24. Wes disease or injury in eny way related to occupation of deceased? If so, specify	
20. FILED 4-16-, 1935 Chasft Bowers.				(Signed) (Signed) (Address) Hageistowy Md	
	If more	blanks are needed, ac	ldress State Registrar,	2411 N. Charles Street, Baltimorc, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

	infor-	state
	item of	plnods
	. Every	ICIANS
	RECORD	PHYS
BINDING	PERMANENT	EXACTLY.
FOR	IS A I	stated
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
MARGIN	UNFADI	supplied.
•	Y, WITH	arefully
	PLAINL	should be c
9 1	-WRITI	mation

statement of OCCUPA-

Exact

be properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county Washington	Registration Dist. No. 30 2
WALLE COLOR OF THE	WALCOL C. Has with
Village or City Hagers town	No. XX CC SM CO TOS Y 1 CX , St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	. 5 ds. How long In U. S. if of foreign birth? yrs mos ds.
2. FULL NAME Norma Rebecca P	3 randen burg
(a) Residence: No. Funks Your	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wright the word)	21. DATE OF DEATH
Fernale While married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Harry E	22. HEREBY GERTIFY That I attended deceased from
17-19-1	Maria Cara Cara 10, 19.5
6. DATE OF BIRTH (month, day, and year) 2	Trast saw needs alive on, 19, death is said
1,4	to have occurred on the date stated above, atTm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
33 8 23 10 ay,min.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER DUSE W. XP	Stupto coccus Treningitis and 8
SAWYER, BODKKEEPER, etc. J. 10 W.S. O	Double com Hamiding Care
kind of work done, as SPINNER SAWYER, BODKKEPPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ID. Date deceased last worked at this occupant and the state of	J
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year) 1-2014 35 spent in this 0475.	
12. BIRTHPLACE (city or town) My LYS U; 1/2	Other Contributory Causes of importance:
(State or country) M. C.	Atusto coccus otitis and Mosch 29
II 13. NAME Millard F Toms.	marker down .
13. NAME MILLAYOF TOMS. 14. BIRTHPLACE (city or town) My exsuite.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Cultura Was there an autopsy?
# 15. MAIOEN NAME 12 2 ie heather man-	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIOEN NAME 12 3 ie heather man-	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where dld injury occur?
17. INFORMANT Hayry Brandenburg	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Furks town. 7111	
18. BURIAL, CREMATION, OR REMOVAL COURS. 1 11- 36	Manner of injury
Place Date Date 1990	Nature of injury
19. UNDERTAKERAK COVVM au	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Hay or Stown Luce	If so, specify
1 1-11- 155 Shasting	(Signed) UY // OWNEY
20. FILED 7 19 Registrar.	(Address) tag within Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

S.No.

B

of OCCUPAitem of infor-

Exact statement

certificate.

See instructions on back of

TION is very important.

17. INFORMANT (Address)

19. UNOERTAKER

(Address)

18. BURIAL, CREMATION, OR REMOVAL

STATE OF MARVIAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Washington Village or City & agent low (If	Registration Dist. No. No. No. No. No. No. No. No.
(a) Residence: No. 4/5 S. Potomes (Usual place of abode)	St., 2 Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Bay) (Year)
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	22. PEREBY CERTIFY That I attended deceased from 9.1935, to 1935; death is said to heve occurred on the date stated above, at 350 m. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and year) 11. Total time (yeers) spent in this year)	Hermin, sight direct
12. BIRTHPLACE (city or town) Hag Englower (State or country) Had	Other Contributory Causes of importance:
13. NAME Washing on Reder 14. BIRTHPLACE (city or town) To age evaluation (State or country) 14. BIRTHPLACE (city or town) To age evaluation (State or country)	Name of operation/ through the state of the 7 35 What test confirmed diagnosis? Alex Abd. Was there an aulopsy' 10.
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to external cruses (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19

(Specify city or town, county and State)
occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injur

Nature of Injury 24. Was disease or

If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURBAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FUR	THER STATEMENTS BY PHYSICIAN
--------------------------	------------------------------

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

STATE OF	MARY	AND-	CERTIFIC	ATE	OF	DEATH
----------	------	------	----------	-----	----	-------

03532

JPA	1. PLACE OF DEATH	93-0
5	County Washington	Registration Dist. No. 302
ŏ	Village or City Tu a arriver.	Np. St. 5 Ward
of	f, for (II	death occurred in a hospital or institution, give its NAME instead of street and number)
nt	Length of residence in city or town where death occurred the course	ds. How long in U.S. if of foreign birth?mosds.
me	2. FULL NAME Mary 6 Gary	
tate	(a) Residence: No. 247 Ruby One	. St., 5 Ward.
σ 2	(Usual place of abode)	If nonresident give city or lown and State
act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exa	3. EX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH
(Remale Colored Widowed	(Month) (Day) (Year)
fied	5a. If married, widowed, or divorced HUSBAND of	The state of the s
classified	(or) WIFE of William C. Carry	122. I HEREBY CERTIFY, That I attended deceased from
	12 - 94/04	I last saw harmalive on Ohr. 19 1935; death is said
properly certificate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
proper! sertifica	07 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
pro	8. Trade, profession, or particular	were as follows:
be of	kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.	
	9. Industry or business in which	almos selesolic 14.
may back	work was done, as SILK MILL, SAW MILL, BANK, etc	11 — 1:
on	U 10. Date decessed last worked et this occupation (month end spant in this	Heart disease
-	year) occupation	Dther Coutributory Causes of importance:
erms, so tha instructions	12. BIRTHPLACE (city or town) a shire ton 6 builty	
S, S	(State or sount(y)	Her. Semer Webelly
erms, instr	E 13. NAME Flared Trant	
4	14. BIRTHPLACE (Ary or town) - Wash County Me.	Name of operation Dete of
EQ.	(Guate of County)	What test confirmed diagnosis? Was there en eutopsy?
n pl	# 15. MAIDEN NAME MULLING WILLIAM	23. If death was due to external causes (VIOLENCE) fill in elso the following:
EATH in pinportant.	5 16. BIRTHPLACE (city or town) Mahang Co. M.	Accident, suicide, or homicide? Date of Injury, 19
L od	≥ (State or country),	Where did injury occur?
DE.	17 INFORMANT ada Cary	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	(Address) 94 Ruby are	
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Congress VIII. Date Thirty 261935	Nature of Injury
CAUSE TION is	10 HADESTAKES STAR IN LOUIS SWELL	24. Was disease or injury in any way related to occupation of deceased?
OH	19. UNDERTAKER (Address)	If so, specify
	100 mm 4/3/6/ 135 15 16 16 16 16 16 16 16 16 16 16 16 16 16	(Signed) (N. 13 Walson M. D.
=1	20. FILED 4 LOS Registrar.	(Address) 245 no governal
	If more blanks are needed, address State Records are	2411 N Charles Street Baltimore Requesting 7) S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	of the state of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PH	IYSICI	IAN
---	--------	-----

RD. Every item of infor-PHYSICIANS should state Stated EXACTLY. PHYSICIANS successived. Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT R CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be WRITE PL

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Washington	Registration Dist. No. 300
Village or City Shay office Mar	NoSt., Ward
Length of residence in city or town where death occurred mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Naug World	and b
(a) Residence: No. / Souther co (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
male. Wett. OR DIVORCED (*Drite the vold)	(Month) (Day) (Year)
5a. ff married, widowed, or divorced HUSBANO of	
(or) WIFE of Colua Cearley	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dev. end year) Joseph 9 1880	I last saw h LM alive on Classel 1 1 1935 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3: 45 Am.
C S 3 2 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Of SAWYER RONKKEPER att.	Carringna lead
SAWYER, BOOKKEEPER, etc.	Parleseas 1
work was done, as SILK MILL, White SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and / 6 5 4 11. Total time (years) spant in this	
year) occupation	Other Cootribotory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) Haysley Vist Ma	
I BUILD	
4. BIRTHPLACE (city or town) (State or country)	Whet test confirmed diagnosis? Charles of Was there an au'onsy? Who
E 15. MAIDEN NAME Callete are Pending	Whet test confirmed diagnosis? Was there an au'opsy? Was there an au'opsy? Was the following:
16. BIRTHPLACE (city of town)	Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT My Educa Dygo	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) A cel of the	
Place Half Law Mail april 4 1938	Manner of Injury
Oliver 17 1	Nature of injury
19. UNDERTAKER (Addiess)	24. Wes disease or injury in any way related to occupation of deceased?
10 sufficiel 1/3 103 5 Ell Bearing	(Signed) 11113 Chapter M.D.
ZU, FILEU-	

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	7.00	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUDPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

ż

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH

1. PLACE OF DEATH	942)	
County Washington	Registration Dist. No	302
Village or City Nagerstown R 8 5	No. St., Geath occurred in a horpital or institution, give its NAME instead of street an	Ward
Length of residence in city or town where death occurred 5. 7 yrsmos	ds. How long in U. S. if of foreign birth?yrs	.mosds.
2. FULL NAME Martha & Dayhoff	A 01	
(a) Residence: No. Nogustania Rb (Usual place of abode)	St., Ward. If nonresident give city or town a	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Day)	, 193 3 \(\frac{1}{2}\)
A. If married, widowed, or divorced HUSBAND of (or) WIFE of Grandlin P. Sanholl	22. HEREBY CERTIFY, That I attende	
6. DATE OF BIRTH (month, day, and year) Deff 13 1860	I last sawh or alive on and I 193	5 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 m.	
74 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	- Ly	2/12/
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Woromany Promotoris	Car 7/3
SAW MILL, BANK, etc.		
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Frederick (State or country)	Other Cantributory Causes of Importance:	
13. NAME Jacoh Baker		
14. BIRTHPLACE (etty or town)	Name of operation Date of	
(State or country) Anklum	What test confirmed diagnosis? Was there a	n autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Date of injury	9
∑ (State or country)	Where did injury occur?	
17. INFORMANT Ht. Jonas. Daylaff (Address) Nogustonning 8 5 5	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CRAMATION, OR REMOTAL Place Shilf Chinel Date ahil 74 , 1915	Manner of injury	- 0 1 1 1 - 1 0 0 0 0 0
19. UNDERTAKER SCATT & Margariel Hon	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Magnatina Ma	If so, specify The Company of the State of t	
20. FILED 7 19 3 Sphafflower Registrar.	(Address)	m.D
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	li li	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

If more blanks are needed address State Registrar, 2451 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------------	------------	----	-----------

Exact statement of OCCUPA.

be properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

CTATE OF MADVIAND_CEDTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF DEATH
county Washing ton	Registration Dist. No.
Village or City Hawa evatours	No. 2 C We Frankless St., J Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrs mos ds.
2. FULL NAME Emme Everly	
(a) Residence: No. 22 6 W Frankline (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowad, or diversed	(Month) (Day) (Year)
HUSBAND of Corn WIFE of Cours Every	22. 1 HEREBY CERTIFY. That I attended deceased from March 30, 1935, to April 5,, 185
6. DATE OF BIRTH (month, day, and year) Nove 25 /855	I last saw h_@r_alive on April 5, 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1:30P.m.
79 4 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Coronary thombrosis 3/27/35
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation occupation	
12. BIRTHPLACE (city or town) Amount	Other Contributory Causes of importance:
(State or country)	Their feters Scheromis (3)
E Alice March	Name of operation Date of
14. BIRTHPLACE (city or town) (Stata or country)	What tast confirmed diagnosis? //a
15. MAIDEN NAME Louise Stable	23. If death was due to external causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Lottle Everly (Address) 2 26 W Franklin St	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Page Data 19 19	Nature of injury.
19. UNDERTAKER Constitute that	24. Was disease or injury in any way related to occupation of daceased?
20, FILED 4-8- 1935 Chas/ Howers	(Signad) Harrows town M. D.
Registrar.	(William)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	9.00	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

8	PHYSICIANS should state act statement of OCCUPA.
BINDING	d EXACTLY.
D FOR	IS IS A see state of properties of certifications.
(T.S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Washington.	Registration Dist. No. 3
Village or City Shares buyg ma	Ala
. DA 10 (IF	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs mos	
2. FULL NAME (FORM) Finh	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 4 23 1985
5e. If merried, widowed for divorced HUSBAND of	(1001)
(or) WIFE of Judowy	22. HEREBY CERTIFY. That I attended deceased from
11-12-1853	19 10 10 10 10 10 10 10 10 10 10 10 10 10
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 2 m
81 5 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade, profession, or particular	were as follows:
O. KIND of work done, as SPINNER, Attend Farmer	frank Hakonga
9. Industry or husiness in which	Home & Sed and
work was done, as SILK MILL, SAW MILL, BANK, etc.	The string of th
O 10. Oate deceased last worked at this occupation (month and year) . spant in this occupation	
year) occupation	Other Contributory Causes of Importance :
12. BIRTHPLACE (city or town Cracys relly Mc	
(State or county) Tash Co	
14. BIRTHPLACE (city or town) Middlatown	
2 14. BIRTHPLACE (city or town) madella town	PCName of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME REDOCCO TONES	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIOEN NAME REBBECO TOMBS 16. BIRTHPLACE (city or town) Franchischer Stewart	Accident, suicide, or homicide? Date of injury, 19
(State or country) fractice (Co Trad	Where did injury occur?
17. INFORMANT & LOUY OF ISKNEY	(Specify city or lown, county and State)* Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 6) Totalysville mo	
18. BURIAL, REALINGS OF FUOVALTING	Manner of injury
Place Oate Oate Oate Oate Oate Oate Oate Oat	Nature of injury
19. UNOERTAKER LOUIS CANDING TO CO	24. Was disease or injury In any way related to occupation of deceased 8
20 FUED 7/2 St . B. L- (FICE 18)	(Signed) Walter of Steams
20. FILEO. 1990 Registrar.	(Address) Sharpshum / rJens
If more blanks are needed, address State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BARBAIL N. BAR			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	•		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physiciam, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healththe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Tobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on Nomenclature (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease American Medical Association.) diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report merc symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid or intercurrent) for malignant neoplasms); Mcasles, Chronic valvular heart disease; affection need etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AGE should be stated EXACTLY.

properly classified.

pe

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

28	5		
ш	7	1.5	
	-4	100	

1.	PLACE OF DEA	TH			59)			
	County Wash	ington	M17-B		***	Registration Di	st. No. 30	2
	Village or City	Hagerstow	n, Md.		No. 131 S. Pro		St.,	Z 2 Ward
	Langth of residence in ci	ity or town where deat	occurred.		If death occurred in a hospital or institution, s ds How long in U.S. if of fore			
		Virginia						
2.	FULL NAME	ח רמר			0			
	(a) Residence: No	101 0.	(Usual place		St., Ward.	If nonresident gi	ve city or town	and State
,100,000	PERSONAL AN	D STATISTICA	AL PARTI	CULARS	MEDICAL CER	TIFICATE	OF DEATH	1
3. S		or or race 5.	SINGLE, MARI OR DIVORCET Sing.	RIED, WIDOWED, (write the word)	21. DATE OF DEATH April	fonth)	17	, 193.5 (Year)
5e. I	If married, widowed, or divo HUSBAND of (or) WIFE of	Single			22. AHEREBY C	ERTIFY		ded deceased from
6 D	ATE OF BIRTH (month, da	y and year)	3-3	0-1860	last sowhere alive on	W 16/	19	19.3.3
7. A		Months	Days	If LESS than	to have occurred on the date stated abo	ove, at	Am.	
	75	0	17	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH ar	nd related causes	of importance	Date of onset
NO	8. Trade, profession, or pa kind of work done, SAWYER, BDDKKEE	as SPINNER.	t home	2				Date or onset
PAT	. Industry or business in work was done, as SAW MILL, BANK,	n which SILK MILL.			De beter		Phint	20 /01
OCCO	10. Date deceased last worthis occupation (mo	rked at onth and		t in this	Chrone E	Thusan	se. hs	12.45
12.	BIRTHPLACE (city or town) (State or country)	Harara		pation Md •	Other Coutributory Causes of important	ce:		
ER	13. NAME Geol							
FATH	14. BIRTHPLACE (city or to (Stete or country)	Boone	sboro				Date o	
ER	15. MAIDEN NAME	Elizahet	h Hol	ingswort	23. If death was due to external causes			
MOTH	16. BIRTHPLACE (city or to	Unmone	stown	Id.	Accident, suicide, or homicide?			
	NEORMANT Rebe	cca Frencerstown.Mo	h	TCC •	Where did injury occur?	Specify city or to DUSTRY, in HOM	wn, county and E, or in PUBLIC	State) PLACE.
18.	RURIAL CREMATION OR I		Date 4/1	8/ 35	Manner of injury			
19.	UNDERTAKER C.II.	Suter &			24. Wes disease or injury in any way re	elated to occupati	on of deceased?	
1						2. Com	13	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAUTVAS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STATE OF	MARYI	AND-CERTIFICA	ATE	OF	DEATH
----------	-------	---------------	-----	----	-------

03540

STATE OF MARTLAND	CENTILICATE OF DEATH
1. PLACE OF DEATH	59
county Washington	Registration Dist. No. 30 2
Village or City Hay Cay Cy Stown	No. Wash Cu Hospital. St. 3 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	3 ds How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Mary Davis Garr	ot
(a) Residence: No. Menronite Home	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale White Widow	(Morth) (Day) (Year)
5a. ff merried, widowad, or divorced	(month) (buy) (1001)
HUSBAND of (or) WIFE of \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	22. I HEREBY CERTIFY. That I attended deceased from
\	Lev. 2/, 192/, to april 2/, 1935
6. DATE OF BIRTH (month, day, and year) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	I last saw h elive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at A
3 2 0 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER.	Disbelles Mollitus 1915
kind of work done, as SPINNER, A DUSAN . V. SAWYER, BODKKEEPER, etc	
work was done, es SILK MILL, SAW MILL, BANK, etc.	
O 10: Date deceased last worked at 11 Total time (years)	
this occupation (month and Q 3 H spent in this 10 4 VS.	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Hall Stones 1925
	Renal Colculu 1934
13. NAME J. Jesse Moore. 14. BIRTHPLACE (city or town Charles to um	
4. BIRTHPLACE (city or town Charles to un	Name of operation 2002. Date of
(State of country)	What test confirmed diegnosis?
15. MAIDEN NAMEU i vaina Boetlay. 16. BIRTHPLACE (city or town) - 225 burg	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Lessburg	Accident, suicide, or homicide? Date of Injury, 19
(Stete or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Vaul C. Sarrott	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Baltimore Md.	***************************************
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Hagerstown will Date Tpr. 1 2935	Nature of injury
19. UNDERTAKER A. I., CUX man	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Hagays town two	If so, specify
20 FILED 4-22- 1935 Chast Howers	(Signed) W. Noward Jeoge M. D.
Registrar.	(Address) Togenslorths, had.
If more blanks are needed, address State Registrar	2411 N Charles Street Baltimore Requesting 71 S No. 1

N. B.-Br. Yeager

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
WHEN YES				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
-----------------	-------	---------	------------	----	-----------

	121	STATE O	F MARYLAND-	CERTIFICATE OF DEATH	STATE OF
1	state UPA-	1. PLACE OF DEATH) .	4	9370	Dist.
()		County Pashung	Lough	Registration Dist. No. 38	7
×	should of OCC	Village or City Round	sville, md	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	War
	. 70	Length of residence in city or town where d	eath occurred 10 yes 10 mos.	15 ds. How long in U.S. if of foreign birth?yrsmo	sd
	Every CIANS ement	2. FULL NAME SANY	12/1 Slo	OI	
	- H #	(a) Residence: No.		St., Ward.	
	CORD PHYS	PERSONAL AND STATISTI	(Usual place of abode)	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	Diate
	X E	3. SEX 4. GOLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	Y. E	mole Kritz	OR DIVORCED (write the word)	(Month) (Day)	, 198
NG	T I Jied.	5a. If married, widowed, or divorced Malin	nda Catherina Keid		(rear)
BINDIA	A C T ssifted	(or) WIFE of	vyr 1	22. HEREBY CERTIFY, That attended	deceased fro
K	E X cla	6. DATE OF BIRTH (month, day, and year)	7-21-1849	Hast saw ham alive on Mail 127 1935	death is sa
M	2 2 4	7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at \$ 122 m.	, 00001115
FOR	IS A I stated properlertifica	85 4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	15.
FI	20	8. Trade, profession, or particular kind of work done, as SPINNER.	There are		Date of onae
VED	HIS be be c of	SAWYER, BDDKKEEPER, etc.	WINNO!	Phone My	1977
	iould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		Survived Intiformation	460
ESER	Sh sh it	10. Date deceased last worked at this occupation (month and	11. Total time (years)	4	
RE	AGE that ons	year)	occupation	Dther Contributory Causes of importance;	
	NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or toya)	ensville m		
GIN	FAI ied. ns, stru	(State or country)	10-11		
AR		13. NAME ON TOWN RANGE 14. BIRTHPLACE (city or town)	Coes 10 M	d	
Z	H U sul	14. BIRTHPLACE (city or town) (State or country)	revolety v	Date of	
1	WITH fully n pla nt.	E 15. MAIDEN NAME Sarah	South	What test confirmed diagnosis?	
	INLY, W. be carefu EATH in important		and soille mis	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Date of injury	
	LY ca	State or country)	_ 0 0	Where did injury occur?	
		17 INFORMANT SAUGUE	- Alloss	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLA	e) ACE.
	PLA hould OF D	(Address) TRoham	sville ind	5	
~	7 40	18. BURIAL, CREMATION, OR REMOVAL	Wel 15 - 22 000	Manner of injury	-53
/	WRITTE mation s CAUSE TION is	Place	Date	Nature of înjury	**********
0	mat CA TIC	19. UNDERTAKER A CAMPAGA A	TO ME	24. Was disease or injury in any way related to occupation of deceased?	
Zi Zi	m C	1: 22 8 1/2	there Manhael	(Signed) J.W. Marc	M.
>	Z	10. FILED 7 - 6, 1934 12	Registrar.	(Address) Boonston,	
		If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

			A STATE OF THE STA
STATE OF	MARY	LAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1	VIa	
County Washing	clon	ORPE	Registration Dist. No. 305
Village or City Washing	ton Co	Thank	
7	are Cy Health 1	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deat	th occurred	_yrsmos.	ds. How long in tl.S. If of foreign birth?yrsmosds.
2. FULL NAME Tuth	mah	el 40	uker,
(a) Residence: No.	erol	a h	St., Ward.
PERSONAL AND STATISTICA	(Usual place of		If nonresident give city or town and State
	SINGLE, MARRII		MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Tom of white	OR DIVORCED (write tha word)	april 10 193 5
. If married, widowed, or divorced	nun	reef	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	2. 40	book	22. I HEREBY CERTIFY, That I attanded deceased from
Manay C	100	aner	april 1 , 1935, to april 10 , 1935
DATE OF BIRTH (month, day, and year)	142%	1894	I last saw h & R alive on aprend , 1935; death is said
AGE Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at
40 3		ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	26.	ako.	AAA Ceaemia (STREP HEM 491) 145 7.35
SAWYER, BOOKKEEPER, etc	of our	negoes	Meningstia (STREP HEMON) 1/47-193
work was done, as SILK MILL, SAW MILL, BANK, etc.			
10. Date deceased last worked at this occupation (month and	11. Total tima spant i	(years)	hemolutions
year)	остира	tion ~ O	
. BIRTHPLACE (city or town) Middle	diele	run	Other Contributory Causes of importance:
(State or country)	d	,	Quili atitis media
13. NAME I hadde	eus H	aurei	
14. BIRTHPLACE (city or town)	elas	riles	Name of operation Mas fordectory Date of Frish 193
(State or country)	mad a		What test confirmed diagnosis? Cureal Hat Was there on au'opsy? To
15. MAIDEN NAME Cahalo	the Re	intrad	23 If daath was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) PW Co	eller	Tong	Accident, suicide, or homicide?
(State or country)	Dig		Whera did injury occur? (Specify city or town, county and State)
INFORMANT Comory	0, 40	upal/	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Sensivo BURIAL, CREMATION, OR REMOVAL	es in	-4.	***************************************
Speces open choes topin	Date 4	1/121930	Manner of injury
13 4-11. 14	2./ 1/		Nature of Injury
UNDERTAKER (Address)	nosi	-406	24. Was disease or injury in any way related to occupation of deceased?
4-10- 35 14	1.113	a Gin	If so, specify
FILED 1900 PM	41100	Registrar.	(Address) A a a fabraca M. D.
			(individe)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis :	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------	---------	------------	----	-----------

CTATE	OF	MADVI	ANID	CEDTIE	CAT	TE OF	DEATI
STATE	UF	MARYL	-UVIA.	CERIII	ICA	I E OF	DEATE

07543

1. PLACE OF DEATH	6.5
County Washington	Registration Dist. No. 302
Village or City Halfway Md Length of residence in city or town where death occurred yrs. 15 yrg	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Charles Mc Comas Hebb (a) Residence: No. #2004 Lexington Ave F	Ialsway Ward. Md
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH April, 20, 1935
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha F. Beard 6. DATE OF BIRTH (month, day, end year) NOV. 20, 1884	22. HEREBY CERTIFY. Thet I attended deceased from a paril 20, 1935, to a paril 20, 1935 death is said
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1 P · Im. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Date of oneset
8. Trade, profession, or particular kind of work dona, as SPINNER, R.R. SAWYER, BOOKKEEPER, etc. Polymer or businass in which Mechanic work was dona, as SILK MILL, Gen Work SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and yaar) spentin this ife.	Chiagurais based solely or Statements of other to employees - Securitation of gas & cleatoling at clean of Other Contributory Causes of importance: time of gall
12. BIRTHPLACE (city or town) Sharpsburg Md 13. NAME Edward Hebb 14. BIRTHPLACE (city or town) Sharpsburg Md	V Sudden deaty)
(State of Country)	Name of oparation Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Mary Harris 16. BIRTHPLACE (city or town) (State or country) Mrs Charles Hebb 17. INFORMANT (Address) 18. Maioen Name Mary Harris 16. BIRTHPLACE (city or town) Sharpsburg Md Ars Charles Hebb 17. INFORMANT (Address)	23. If death was dua to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL— PlacS harps burg Md Date April 23 , 19 35	Manner of injury
19. UNDERTAKER Albert Leaf (Address) Williamsport Md.	24. Was disease or injury in any way related to occupation of daceasad? If so, specify
20. FILE JAN 2-1 . 1935 Registrar. If more blanks are needed, address State Registrar.	(Signed) (Address) Agers town Md. 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

7 8 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH
ould state OCCUPA.	1. PLACE OF DEATH	(131)
7 1	county Mashington	Registration Dist. No. 38 >
tem of should of OCC	Village or City Hall College Stown,	rus d. P. I
= 0	Village of only.	No. 5 13 50 10 to mac., St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS	Length of residence in city or town where death occurredmos	ds. How long in U.S. if of foreign birth?yrsmosds
Every	2. FULL NAME W: \\i au Clayence	Menze
S. S.	(a) Residence: No. 513 Sa Potomae.	St., OZward.
	(Usual place of abode)	If nonresident give city or town and State
RECO. PII	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
r K	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
T L ed.	The White Married	(Month) (Dey) (Year)
BINDING PERMANEN EXACT I y classified te.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
N A A A S I S I S I S I S I S I S I S I S	Lisabeth.	Opr 11 1935 to afr, 12 1935
BINJ PERM EX. Iy cla	6. DATE OF BIRTH (month, day, and year) MC 1114-1879	I last taw h lam alive on Office 1 2 1935; death is said
	7. AGE Years Months days If LESS than	to have occurred on the date stated above, at 10 m.
FOR IS A I stated proper ertifica	55 10 28. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows
- 70	8 Trade, profession, or particular kind of work done, as SPINNER,	Date of Onset
ED HIS	SAWYER, BOOKKEEPER, etc. Daves man	Chrisia nesolinta 1930
RESERVED G INK—THIS GE should be that it may be	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MULL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation month and the second in this second in the	
INK.	10. Date deceased last worked at 11. Total time (years)	
RES VG I AGE that ons o	this occupation month and 11:1435 spent in this 448	
2 4 - 9	12. BIRTHPLACE (city or town) 4 571	Other Contributory Causes of importance:
AD AD	(State or country) Pa.	No and
MARGIN ITH UNFADI: ally supplied. plain terms, so	# 13. NAME Albert Heuse	
MIA H Ull r supplied the See i	13. NAME () Devt Hense 14. BIRTHPLACE (city or town). 4 UNL	Neme of operation Date of
	(State or country)	Whet test confirmed diagnosis? Was there an aulopsy?
X, WITI carefully I'M in pla	# 15. MAIDEN NAME Sarah Burleau	23. If death was due to external causes (VIOL ENCE) fill in also the following:
MLY, WI be careful EATH in p	15. MAIDEN NAME Sayah Buyleau 16. BIRTHPLACE (city or town) Lewistour	Accident, suicide, or homicide? Date of Injury, 19
AINLY, Id be car DEATH y import	Z (State or country) Pa	Where did injury occur?
d b b b b b b b b b b b b b b b b b b b	17. INFORMANTM KS C. F. Walxersdork	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) Hanavew Pa	
	18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
	Place YY 15 1 CL Date 1 YY 11 13, 1933	Nature of injury
WRIT mation CAUS	19. UNDERTAKER A. M. COXX may	24. Was disease or injury in any way related to occupation of deceased?
(Z)	(Address) Hagerstown, Led	If so, specify
(T)	20. FILED 4 1 3 - , 1925 6 Kosf + 13 oacorb	(Signed)
8	Registrar.	(Address) A 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
D. Warren	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 8 1555	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

OTATE	OF	MARYLAND—CERTIFICATE OF DEATH	
SIAIF		MARYIANII—(FRIIFICAIF OF BEATH	
JIAIL		MANIEAND CENTILIONIE OF DENTIL	

SERTIFICATE OF DEATH
(17.6)
P. Registration Dist. No. 382
ouno, Co/Jospital St. 3 Ward
death occurred in a hospital of institution, give its NAME instead of street and number)
ds. How long in U.S. If of foreign birth?
ian
St., Ward.
If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
(Month) (Day) (Yaar)
22. I HEREBY CERTIFY, That I attended deceased from
I last saw ham alive on Offer - The 193 death is said
to have occurred on the date stated above, at 5 40 m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows
personales acoder 4/9/35
u ruce
,
Other Contributory Causes of importance:
The state of the s
Name of operation Repoir of well- Advange Data of 4/1 9/31
What test confirmed diagnosis? Old L. July Was there an aulopsy?
23. If death was due to external cluses (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Whara did injury occur?
(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Specify whether injury occurred in thousand, in nome, or in courts a soci
Manner of injury
Nature of injury
24. Was diseasa or injury In any way related to occupation of deceased?
If so, specify (Signed). For Signed M. D.
(Address) Augustona 2 2
2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groccry store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gustroenteritis	1 year	

RD. Every item of infor-	YSICIANS should state	statement of OCCUPA-	1
r RECC	Y. PF	Exact	
RMANEN	XACTL	classified.	
IS A PE	stated E	properly	certificate.
HIS	be	be	of
PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	hould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	very important. See instructions on back of certificate.

STATE OF MARYLAND—		-(0)
County Washington	Registration Dist. No. 3 03	
	1.	
Village or City Clevellandwill - M	death occurred in a hospital or institution, give its NAME instead of street and number	er)
Length of residence in city or town where deeth occurred 6 yrsmos.	ds How long in U.S. if of foreign birth? yrsmos	
2. FULL NAME Teniah Hamilton	Houpt	
(a) Residence: No. Clevelundville Md.	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	Jan 193	5
5a. If married, widowed, or divorced	(Month) (Day)	(Year
HUSBAND of (or) WIFE of The	22. 1 HEREBY CERTIFY, That attended decea	sed
Mrs. Mary Houpt	March 3 , 19 30 , to April	19.4
6. DATE OF BIRTH (month, day, and year) election 10-1851		th is
7. AGE Years Months Day If LESS than 1 day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
84 1 01min.	wore se follows:	eofo
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.		
H. SANTER, OUGHNELT EN, OLC.	Plania Munandilis 1	9
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
Spott III this	,	
year)	Other Contributory Causes of importance;	
12. BIRTHPLACE (city or town) Majles drille		
(State or country) Tred. Co. md		
13. NAME William Houpt		
14, BIRTHPLACE (city or town) Mylisulli (State or country)	Name of operation	
	What test confirmed diagnosis?	y?
E DO	23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?	10
O 16. BIRTHPLACE (city or town) (State or country) (State or country)	Where did injury occur?	13
17 INFORMANT Mrs. Mary Houpt	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Borrus boro md R.2.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Mullllows Date Spul 4: 1935	Nature of injury	
19. UNDERTAKER WY J. Bast & Sou	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Boons boro Md.	If so, specify	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy .	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE F	OR F	FURTHER	STATEMENTS	BY	PHYSICIAN
TABBILIOITIES (ON THOMA	ONE X	CIVILIZIO	DITELLIFIED	20 2	A AL A DI CITAL

Registration Dist. No. hospital or institution, give its NAME instead of street and number)

MEDICAL CERTIFICATE OF DEATH

The PRINCIPAL CAUSE OF DEATH end related causes of importance

Date of onset 5

Was there an au'opsy?.

(Specify city or town, county and State)

24. Was disease or injury in any way related to occupation of deceased?

blanks are needed, address State Registrar, 1411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-----------	---------	------------	----	-----------

	A.	STATE OF MARYLAND	CERTIFICATE OF DEATH	
	state	1. PLACE OF DEATH	93-2	
M)	ould OCC	county Maishington	Registration Dist. No.	02.
	should of OCC	Village or City Y (1 (1 (Y 5) 0 W)	No. 142 So Mulberry st.	3 Ware
		(If	death occurred in a hospital or institution, give its NAME instead of street and	number)
	NS NS ent	Length of residence in city or town where death occurredyrsmos.	ds How long in U.S. if of foreign birth?	nos ds
	RD. Every YSICIANS statement	2. FULL NAME VY: 1/1 am Mendal		
	D. SIC tat	(a) Residence: No. 14) So Mul herry	St., 3 Ward.	
		(Usual place of abode)	If nonresident give city or lown and	d State
	RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS /	MEDICAL CERTIFICATE OF DEATH	
	K K	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
Ü	d. L	Mac Mile Widower	(Month) (Day)	(Year)
Ż	RMANER X A C T classified	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, Jhat I attended	decased from
Ð	MA A ass	(or) WIFE of	Mar 1 175 to Will 18	1020
BINDIN	June 0	6. DATE OF BIRTH (month, day, and year) W CV 2 (2 - 1854)	Hast saw been alive on this 12 1970	death is said
	IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
FOR	IS A F stated properl	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
F	sta sta pro	8. Trade, profession, or particular	were as rollows.	Oate of onset
G	HIS be be of	kind of work done, as SPINNER, FUYN NUYE Dealey SAWYER, BOOKKEEPER, etc.		
RESERVED	nould may back	9. Industry or business in which work was done, as SILK MILL,	Cha. Myranda	
ER	Should it may n back	3 SAW MILL, BANK, etc. 20125 may.		
SS	H m to	11. Total time (years) this occupation (month and occupation 20 UYS	(and Silitation)	
2	AGE THAT that ons o	1 your	Other Contributory Causes of importance:	
Z	NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) TYU Q LY STO ULT) (State or country)		
ARGIN	FA lied ms, stru		alun ulums	1390
AF		# 13. NAME John D. Keydall		
×	·= 70	14. BIRTHPLACE (city or town) 1 4 4 L YS (State or country)	Name of operation Date of	
	TI de la		What test confirmed diagnosis? Was there an	
	INLY, WITH be carefully EATH in plain portant.	15. MAIDEN NAME melia thate	23. If death was due to external causes (VIOL ENCE) fill In also the following	g:
	call CH I'H	16. BIRTHPLACE (city or town) Huyets (State or country)	Accident, suicide, or homicide? Date of injury	, 19
	AINLY, Id be ca DEATH y import	(State of Country)	Where did injury occur? (Specify city or town, county and Sta	le)
	A DIG	17. INFORMANT 11/6 - 11/1 a a la tang	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE,
	E PLA should OF D	(Address) (Addre	31	
	RITE ion s USE ON is	Place Hagexs town. Date Thul 161935	Manner of injury	
0	Mation s CAUSE TION is	O 12 D M	Nature of Injury	- Zev
(1)	FEGE	19. UNOERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?	
4	B	1/ 15 35 31 11	If so, specify	**************
> >	z (T)	20. FILED 7 - 19 D Mary 10 Decens	(Signed) (Address) (Address)	M. D
ne	N H		(Address)	
N	all of	, while white a court, and the Acgistrat, 2	1411 11. Chances Street, Danimore, Acquesting U. S. 140. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation cau be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	5 Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE	OF	MARYI	AND-	CFRTII	FICATE	OF	DEATH
JIAIL				CLIVIII		01	DEATH

	CERTIFICATE OF REATH OF THE
	CERTIFICATE OF DEATH
1. PLACE OF DEATH	131)
county Mashington	Registration Dist. No. 302
Village or City Hayerstown	No Mash w Hospital or institution, give in NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Edward T. Muhlx	nau
(a) Residence: No. 1080 V: y a n a Kt. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVDRCED (write the word)	21. DATE OF DEATH Theil 15 193.5
Sa. If married, widowed or divorced	(MontN) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND ot (or) WIFE of E NUT Ce	22. A I HEREBY CERTIFY That I attended deceased from 134 to Equil 15 15
6. DATE OF BIRTH (month, day, and year) \ au 2 - 1882	1/art saw h sain alive on affile (15 , 1935; death is said
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated bove, af . S
52 11 T, 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER. A SAWYER, BDDKKEPPER, etc.	Chronia Lephitis Com
9: Industry or business in which work was done, as SILK MILL, RANK, etc.	with Hyperterson 1934
10. Dafe deceased last worked af this occupation (month and 1975) spent in this occupation (month and 1975) occupation to U.Y.S.	
Ch. ot.	Dther Contributory Causes of Importance.
(State or country)	Leeset as Filmontage 997 (8
# 13. NAME Fruit H. Kuhlman	
13. NAME LOW H- Ruhlman 14. BIRTHPLACE (city or fown) BOSTON	Name of operation Date of
(State or country) mass.	What test confirmed diagnosis? Was there an autopsylver
15. MAIDEN NAME OLIVE E. RIGHS	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or fown) allahase	Accident, suicide, or homicide?
S (State or country) Florida.	Where did injury occur? (Special city or town, county and State)
17. INFORMANT Remeth Monn.	Specify whether injury occurred in INDUSTR in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Mugers town Wate Frul 1 , 195	Nature of injury
19. UNDERTAKER A. K. Coffee que (Address)	24. Was disease or injury In any way related to occupation of deceased?
20 51150 H-16- 356 Boil 13 occurs	(Signed) Sheers M.D.
20. FILED	(Address) 1486 val Hageston led
If more blanks are needed address State Registrar	2411 N Charles Street Relimore Properties 71 S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WKITE PLA

STATE OF MARYLAND-CERTIFICATE OF DEATH

-1		5	
 w	ж.		
n		×.	
- 4			

1. PLACE O	Mashing	10-5	59	302		
	N0	2 2	Registration Dist. No.	1		
Village or (city Huge		No. St., f death occurred in a horpital or institution, give its NAME instead of street a	nd number)		
		e death occurredyrsmos		_mosds.		
2. FULL NA	ME Emm	a Brumback L	amplon			
(a) Resider	nce: No. Hages	(Usual place of abode)	St. R / Wasd - If nonresident give city or town	and State		
PERSON	NAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1		
3. SEX Jemal	4. COLOR OR RACE	S. SINGEE, MARRIED, WIDOWED, OR-DIVORCED (write the word)	21. DATE OF DEATH april 15 (Oay)	, 193 S		
5a. If married, widow	wed, or divorced	(- 41-				
(or) WIFE of	tld. Benj	aman Lampton	22. I HEREBY CERTIFY. That I attend april 1931, to april 15			
E DATE OF BIRTH	(month day and year)	Sept-9-185-2	I last saw h r alive on a ferice & J 192			
7. AGE Yes	ars Months	Oays If LESS than	to have occurred on the date stated above, at 11:40 P.m.			
82	2 4.7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Detroform		
8. Trade, profe	ession, or particular work done, as SPINNER, -	Harra wil	arthiti (Chrocie	Date of onset		
- i a suitten	, DOURNELI EN, GLO	House wife	ureltiple)			
9. Industry of work wa	business in which as done, as SILK MILL, LL, BANK, etc		0			
10. Date deceas	sed last worked at upation (month and	11. Total time (years)	-			
		occupation	Other Costributory Causes of importance:			
12. BIRTHPLACE (ci	ity or town)	rgina	Resility, Cachesia	1934		
1		Brumbaen	-			
	E (city or town)	Virginia	Name of operation Oate of What test confirmed diagnosis? Chure & Faux Was there an autopsy?			
		The Keyper.	23. If death was due to external causes (VIOLENCE) fill in also the follow			
G	E (city or town). Vo		Accident, suicide, or homicide? Oate of injury 19			
E (State o	r country)		Where did injury occur?			
17. INFORMANT(Address)	Hogersto	in Bumbaen	(Specify city or town, county and Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC	PLACE.		
18. BURIAL, CREMA	IION, OR REMOVAL		Manner of injury			
19, UNDERTAKER (Address)	I.l. Br	adley.	24. Was disease or injury in any way related to occupation of deceased? If so, specify	no		
20. FILED 4-/	6- ,1935	Mast Howes	(Signed) Att Dunchoch (Address) Hozertown und	M. D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic scrvice for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		A:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

A- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	(12)
	County Washington	Registration Dist. No. 302
9.2	Village or City Sagalstown	No. Washington County Acapeted 3 war
. 70	(II	death occurred in a hospital or institution, give its NAMP instead of street and number)
Every CIANS ement	Length of residence in city or town where death occurred 3 O yrs	ds. How long in U.S. If of foreign birth?
Ev CI.	2. FULL NAME ferry Lapole	
RD. YSIG	(a) Residence: No. 20 P East ambelan	~ St., 3 Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECO. PH. Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Well OR DIVORCED (write the word)	april // 19315
TT L ed.	5a. If married, widowed, or divorced HUSBAND of	(Month) (Oay) (Year)
BINDING PERMANENT EXACTLY by classified.	HUSBAND of (or) WIFE of P	22. I HEREBY CERTIFY, That I attended deceased from
NI N N	besse M. Lapore	11 pr. 6 , 1935 to 18 pr // 19 3
BI PEI E Iy	6. DATE OF BIRTH (month, day, and year) April 14-1886	I last saw h alive on Ap110 , 19 35; death is sale
	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4:10 A.m.
FOR IS A stated proper	49 11 27 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOUKKEEPER, etc.	John Memorra 4.4.3
NE N	4 9, Industry or business in which	Mr T Off lokes
SERV] VK—T should it may n back	work was done, as SILK MILL. Welfare SAW MILL, BANK, etc.	
	10. Date deceased last worked at this occupation (month and spent in this	
RES 4G I AGE that	year) occupation	Other Contributory Causes of importance:
ZATR	12. BIRTHPLACE (city or town) Whorsville	nephritis chance Interstitutel ?
RGIN VFADI plied. rms, so nstruct	(State or country) md	Tympantes . 4.9.3
	13. NAME John Rapole 14. BIRTHPLACE (city or town). Rhoreinille	1 tympanie
FH U Ly sul lain t	14. BIRTHPLACE (city or town) Rhoreisulle	Name of operation. Date of
E E E	(State of country)	What test confirmed diagnosis? Clauseal Was there an autopsy? Act
LLLY, WITI be carefully EATH in pla	15. MAIDEN NAME Mary Reeder 16. BIRTHPLACE (city or town). Rhorersyelle	23. If death was due to external causes (VIOL ENCE) fill in also the following:
car rH ort	[16. BIRTHPLACE (city or town) Wholes (State or country)	Accident, suicide, or homicide?
ALECY, ld be can DEATH y import	On h : 2 O	Where did injury occur? (Specify city or town, county and State)
ADDA	17. INFORMANT / Wa Besay M. Lapole	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
PL shoull OF	18. BURIAL, CREMATION, OB REMOVAL	Manager at tallian
RITE ion s USE ON is	Place Hageistown Med Date april 13, 1955	Manner of injury
RITTE mation : CAUSE TION is	1. 47 m. h.	
(T) TEOF	19. UNDERTAKER Story & Munich Son	24. Was disease or injury in any way related to occupation of deceased?
Si F	11-12-1 35-146168000000	(Signed) & Rokert Wells
» z	20. FILED 7 19/2 10 Mary 19/2 Registrar.	(Address) Heart frag hel
	Dn. W	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 1 week ago Arteriosclerosis 1915 1921 Run over by street car 1 week ago Chronie interstitial nephritis Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

)	tem of infor-	should state	of OCCUPA.	1		L. 1
	RD. Every i	HYSICIANS	statement c			2. 1
L	REC	. P	Exact		3.	SEX
DING	MANENT	ACTLY	assified.		5e.	f (
BIN	PER	EX	rly cl	ate.	6.	DAT
FOR	IS A	stated	rope	ertific		1
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	/ TION is very important. See instructions on back of certificate.	OCCUPATION	10
Z Z	DING	AG	so tha	ctions	12.	BIF
MARGI	H UNFAI	supplied.	in terms,	See instru	FATHER	13
8	LY, WIT	e carefully	TH in pla	portant.	MOTHER FATHER	15
	LAL	ald be	DE	ry im	17.	INE
	re P	oys 1	E OF	is ve	18.	BUI
(1	E	mation	CAUS	TION	19.	UN
V. S. No.	N. B.	((-	7	20.	FIL

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	191)
County Tashington	Registration Dist. No. 43 0/
Village and Near Williamsport	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Mary Ellen Lesher	
(a) Residence: No. Same as above (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH April, 9, 1935 193
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Gory WIFE of Henry Lesher	1 HEREBY CERTIFY, That I attended deceased from
Feb. 25, 1851	Mare, VJ 1980 to Church 9 , 19 30
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on
84 2 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Housework at housework some solutions of the second solutions of the second solutions of the second solution in the	Date of onset Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	50 04 000-0
13. NAME Frederick Stine	tyllis, teletilas
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Knode	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME MARY KNOCE 16. BIRTHPLACE (city or town) Penna (State or country)	Accident, suicide, or homicide?
17. INFORMANT MIR JOSEPH DOWNS (Address) Williamsport MdR.F. D. 18. BURIAL, CREMATION, OR REMOVAL	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Plece Mt. Tabor Cem Date April 13,1935	Nature of injury
19. UNDERTAKER 1 bert Leaf (Address) Williamsport a Man	24. Was disease or injury in eny way releted to occupation of deceased? If so, specify
20. FILED April 3, 1935 Or Callickant	(Signed) M. D. (Address) Williamsface May
If move blanks are needed address State Projection	N. C. J. S B

f more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1/

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	11	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

-WRITE PL.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			(107-02)				
Village or City Thin Series Length of residence in city or town when	TRUMITS AND) (II	Registration Dist. No. 2 No. 25 12 tot 20. 105 it 1 St., 3 Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs. mos. ds.				
			syrsmos	sos.			
	Ont Vella	Aye.	St., 2 Ward. If nonresident give city or town and S	State			
PERSONAL AND STATES			MEDICAL CERTIFICATE OF DEATH	State			
3. SEX 4. COLOR OR RACE white		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH April 15 (Month) (Day)	193(Yoar)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	w, Lucas		22. I HEREBY CERT t FY. That I ettended d				
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	Days	1890.		; death is said			
44 5	15	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:	Data ol onset			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Daptionnia - NJaph - ansens	April 14/3:			
12. BtRTHPLACE (city or town) Ber (State or country)	ryville,		Other Contributory Causes of importance: Broucho - Duemong Mattaper abasenses	Apr. 8 (3)			
II 13. NAME Evert Powle	r			cepr. 1/35			
14. BIRTHPLACE (city or town)	ryville,	Ve.	Name of operation Lectury & Date of Date of Date of What test confirmed diagnosis? Bland Cullous Was there en au	~			
15. MAIDEN NAME LUCY 5	allwood		23. If death was due to externat causes (VIOLENCE) fill in also the following:				
16. BIRTHPLACE (city or town)	rryville,	Va	Accident, suicide, or homicide? Date of injury Where did injury occur?				
TT	W. Lucas	a	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	CE.			
18. BURIAL, CREMATION, OR REMOVAL Place Herstown		11 18,19 35	Manner of Injury				
19. UNDERTAKER C. 1. Sute (Address) Hagers			24. Wes disease or injury In any way related to occupation of deceased?				
20. FILED 4-17-, 1935-4	hast	Registrar.	(Signed) The Comptell (Address) Hagenstowy N	M. D.			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
	1919	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
 FATIL				

1. PLACE OF DEATH County Washington Village or City Hagerst	MITR 62 OWN		Registration Dist. No. 302 No.434 N. Prospect St. 5 Ward			
Length of residence in city or town where			f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S.if of foreign birth?yrsmosds.			
(a) Residence: No. 474 No.		et	St., 5 Ward. If nonresident give city or lown and State			
PERSONAL AND STATIS	TICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED,	21. DATE OF DEATH April 25 35 (Month) (Day) (Year)			
5a. If married, widowed, ordivorce . I u MUSBAND of (Or) WIFE of	genbeel		22. I HEREBY CERTIFY, That I attended deceased from 19 - 1935, to 264 25 - 1935.			
6. DATE OF BIRTH (month, day, and year)	July 27	1863	I last saw h. alive on 957. 24 , 1933; death is said			
7. AGE Years Months 71 9	Days 28	If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, at			
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	At Home	e	Chouwonia Browelial 419-35			
SAW MILL, BANK, etc.						
0 10. Date deceased last worked at this occupation (month and year)	11. Total t	time (years) int in this upation	Other Contributory Causes of importance:			
12. BIRTHPLACE (city or town)Mar; (State or country)	7land		Other Conditions Causes of Importance.			
W.H.Pearre						
I A RIPTUPI ACE (city or town)	aryland		Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?			
# 15. MAIDEN NAME Ruth BI	uckingha	m	23. If death was due to external causes (VIOLENCE) fill in also the following:			
15. MAIDEN NAME RUTH BY 16. BIRTHPLACE (city or town) Mary (State or country)	rland		Accident, suicide, or homicide?			
17. INFORMANT C.H. Lugen			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL UNIONVIII eMd	Date4/	27 , 19 35	Manner of injury			
19. UNDERTAKER C.M. Suter & Hagerstoy		Λ	24. Was disease or injury in any way related to occupation of deceased? If so, specify			
20, FILED 4-25-19 35 6	hastile	Poceres de Registrar.	(Signed) Kample Striffer and M.D. (Address) Angers Found Tull-			
If mo	re blanks are needed,	address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUSIEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	------	-----	---------	------------	----	-----------

M	Every item of infor-	MANS should state	ement of OCCUPA.	/	
V. E.C.	N. By-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSF OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	1 ASHLEM ASHLOW
101		1	~	10. []	~

STATE OF MARYLAND	CERTIFICATE OF DEATH	56
1. PLACE OF DEATH	(3)	
county Mashington	Registration Dist. No. 38	2
Village or City Y Q Q LY SYOWN	nol4 (Flenside AVE. st.	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and numb	er)
Length of residence in city or town where death occurred	ds. How long in U. S. if of foreign birth?yrsmos	ds.
2. FULL NAME SLOVAL VV. Miam Lu	Ther	
(a) Residence: No. 14 Olens; de Ase.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	-
Married.	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended decea	and from
(or) WIFE of Mary H.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	193
6. DATE OF BIRTH (month, day, and year) June 28-1852	I last saw h Line alive on And 9 193) dec	ath Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
8 Trade profession or particular	Teno sclentie Carcho - v salar Da	te of onset
kind of work done, as SPINNER, \ C \ \ O Y .	tenul disease	/ /
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	Mijocardil Pacher 4	17/38
SAW MILL, BANK, etc		7
this occupation (month and a spent in this occupation 4 ours		
Ball	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) SQU (State or country)		
± Col	Name of acception AUAL	
4. BIRTHPLACE (city or town) CONTY (State or country)	Name of operation	- tit
E 15. MAIDEN NAME REDECE O SYONEY.	What test confirmed diagnosis? Was there an autops	sy?
E Constant	23. If death was due to externat causes (VIOLENCE) filt in elso the following:	
16. BIRTHPLACE (city or town)) 7 4 9 4 5 1000 17. (State or country)	Accident, suicide, or homicide?, Where did injury occur?,	19
My (= 11) 11/1=	(Specify city or town, county and State)	
(Address) Ca a ly S You) n. the	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place (a 9 CVS YOWN Whate + Mul 12, 1938)	Neture of injury	
10 HUDGOTANES AND CONTRACTOR	24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER () () () () () () () () () (If so, specify	
4-10- 3. Clo Gas Historia	(Signed) 171/MACAMA	M D
20. FILED 7 1990 Past Registrar.	(Address) Alaka Tra Mil	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAT 6 1850			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY
--

MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
P.T.	-WRITE PLAINLY, WITH UNF	mation should be carefully suppli	CAUSE OF DEATH in plain term	TION is very important. See ins

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	552
1. PLACE OF DEATH .		95-6	
County / collington	n00 2	Registration Dist. No. 30	7
Village or City Rolly	A CONTRACTOR OF THE PROPERTY O	1ano st.,	Ward
Length of residence in the or where death		death occurred in a hospital or institution, give its NAME instead of street and n ds. How long in U.S. if of foreign birth?	
2. FULL NAME Glara (Vlivia /	MC. Brida	
(a) Residence: No.		St., Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
Franke White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month) (Day)	198_(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	la 1	22. I HEREBY CERTIFY, That I attended of	leceased from
6. DATE OF BIRTH (month, day, and year)	- 13-1877	I last saw har alive on April 14 1935	: death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 5m.	,
62 5	2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKEFPER each	ons-		
Mindustry or business in which		Marie Museastilis.	104.
SAW MILL, BANK, etc		- Control of the cont	1930
O 10. Date daceased last worked at this occupation (month and	11. Total time (years) spant in this		
year)	accupation	Other Coutributory Causes of importance:	
(State or country)	alow M	~	
II 13. NAME LAWIS THE	Brisk		
14. BIRTHPLACE (city or town) h would (State or country)	Storon ma	Name of operation Date of	
(State of coulting)	00	What test confirmed diagnosis? Was there an ac	itopsy?
15. MAIDEN NAME Sarah	iolar	23. If death was due to external causes (VIOLENCE) fill In also the following:	
5 16. BIRTHPLACE (city or town) 1 40000	2 stown in	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	- 01	Where did injury occur? (Specify city or town, county and State	
17. INFORMANT 9616	ains ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR BEMOVAL	11 - 17	Manner of injury	
Place Locust Vally	ate 4.7/	Nature of injury	
19. UNDERTAKER C & Survival (Address)	The trial	24. Was disease or injury in any way related to occupation of deceased?	Lo
20, FILED april 15, 1935 Emm	a Lyfounkin	(Signed) Bondow,	M. D.
If more blank	CMAN	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIDPAU V. S.			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE	OF	MADVI	AND-	-CERTIF	CATE	OF	DEATL
SIAIL	UF	MARYL	ANU-	CERIII	ICAIL	Ur	DEATE

1. PLACE OF DEATH	93-0 2 1
County Washington	Registration Dist. No. 0
Village or City Williamsport Md	No.21-S. Conorocheaguest. Ward
life (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?
2. FULL NAMEJames Percy McCardell	
(a) Residence: No. Same as above (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH April 19, 1935 (Month) (Pear)
5a. If married, widowed, or divorced HUSBAND of Anna Mary Collins (or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from 22, 1935, to apr. 19, 1934
6. DATE OF BIRTH (month, day, and year) Dec. 12, 1874	(last saw ham alive on a 1) 1935 death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
60 4 9 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or narticular	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Laborer 9. Industry or business in which work was done as SILK MILL	Chronic Fronchelis; 1925
9. Industry or business in which work wes done, es SILK MILL,	and emphyserial, Cargos
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and 1926 spent in this occupation occupation occupation	
	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Illiamsport Md (State or country)	
	myocartetis; Chonic, 1934
13. NAMEAmbrose McCardell 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country) NIIIIamsport Md	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Celia Oliver	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 1111iamsport Xd	Accident, suicide, or homicide?
17. INFORMANT Williamsport Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR-REMOVAL	Manner of injury
Plece Williamsport MdDate April 22, 1935	Nature of injury
19. UNDERTAKER Albert Leaf	24. Was discese or injury in any way releted to occupation of deceased?
(Address) Williamsport Md	If so, specify
20. FILED CAPY 21, 1935 lo. to. Bickard	(Signed) theo; Doose M. D. (Address) without my
Augustus.	(1001000)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	iı	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARY	LAND-CERTIF	TICATE OF	F DEATH
---------------	-------------	-----------	---------

County Washington Village or City Hagerstown Length of residence in city or town where death occurred 81 yrs 9 mos.			51-8)
			Registration Dist. No. 302 No. 117 In Propher of Individual Property NAME Detail of street and number) s. 5 ds How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Odello D (a) Residence: No. 148 N	uBois Mo Potomac (Usual place	- Febral-1	St., 4 Ward. If nonresident give city or town and State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White		RIFD, WIDOWED, D (write the word)	21. DATE OF DEATH April 19th , 1935 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) **HEEEE Mattie Brewer McCardell			22. I HEREBY CERTIFY, That I attended deceased from Proveh 17, 1931, to afre-19, 1931
6. DATE OF BIRTH (month, dey, and year)	aly 24	1853	I last saw have alive on 25-18 1931; death is said
7. AGE Years Months	Deys	It LESS then 1 dey,hrs. ormin.	to have occurred on the date stelled above, et
8. Trede, profession, or perticular kind of work done, es SPINNER, Retired Merchant SAWYER, BOOKKEEPER, etc.		Merchant	probably molynaut?
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Work wes done, as SILK MILL, SAW MILL, BANK, etc.			
10-Date deceesed lest worked at this occupation (month and yeer)	spa spa	ime (yeers) nt in this upetion	
12. BIRTHPLACE (city or town) a gersto (State or country)	wn, Md.		Other Contributory Causes of Importance: 4/17/20
13. NAME Wilfred D. McGardell 14. BIRTHPLACE (city or town) Maryland (State or country)			Name of operation designed public Systodingate of 4/16/30 What test confirmed diagnosis? Find West there an eulopsy?
15. MAIDEN NAME Catherin	e Humr	ichoùse	23. If death was due to externel ceuses (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Catherine Humrichouse 16. BIRTHPLACE (city or town) Maryland (State or country)			Accident, suicide, or homicide?Oate of injury, 19
17. INFORMANT Lutie McCardell (Address) 148 N. Potomac St.			(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE Hagerstown, Md. Date April 22, 19 35		1122,19.35	Manner of injury
19. UNOERTAKER C. M. Suter & Sons (Address) Hagerstown			24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 4-22-, 19.35 /	hashi	Bowers, Registrar.	(Signed) 5th South M. O. (Address) Hogastan M. O.
If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	AN
---	----

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(93-C)
County Chashington	Registration Dist. No. 30 2
Village or City Near Funksterm	No. St., Ward
Length of residence In city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. If of foreign birth?
r 200 m	Ole
2. FULL NAME HOURA Noble	account the same of the same o
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH //
Temple Culity Widowed	(Month) (Day) (Year)
5a. If-matried, widowed, or divorced HUSDAND-of	
(Or) WIFE of Edurard C. Mullendre	22. 3 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) (whal - 19- 185%	I last saw her alive on 4/12 193 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 400 Am.
77 11 27 1 day,hrs.	mere as delibure.
8. Trade, profession, or particular	arteno sclentii cardio vascular 1925
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	disease, my auchal failure
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
U 10. Date deceased last worked at 11. Total time (years)	
O this occupation (month and spent in this year) occupation	
12, BIRTHPLACE (city or town) Near 5 harbaburg	Other Coutributory Causes of importance: Tenergial Bruche Dueurous 4/11/33
(State or country) Crosh. C. Md.	(Bilstery)
13. NAME Joseph Lewis	
14. BIRTHPLACE City or town Mean Sharpshing	Name of operation Aura Date of
(orace of country)	What test confirmed diagnosis? August Was there an autopsy? No.
15. MAIDEN NAME Margaret and Wolf	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) hear Sharkahur	Accident, suicide, or homicide? Date of injury, 19
(State or country) Cuash, C. md.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT DOU D. Mullendore	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Junkstons Md. 18. BURIAL, CREMATION, OR REMOVAL.	
Pleasant View Cemetary. Date Cep. 32 19. 19:35	Manner of injury
Aru 7 12 145	nature of injusy
19. UNDERTAKER () The part of the control of the c	24. Was disease or injury in any way related to occupation of deceased?
14/16/ 35/6/10/4/5==100/	(Signed) Justy, M. D.
20. FILED 7 19 Registrar.	(Address) f TOM asky)
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	V. pro amount	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------------	------------	----	-----------

STATE OF MARYLAND-CERTIFICATE OF DEATH

	-31			
0.6	Altri Aller	pr .	200	
	-360		6	
_				
	5.82			-

1. PLACE OF	F DEATH	1117111		
County	Washington			Registration Dist. No. 3 53
		(Big	Pool R. F.	D. No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of resi	dence in city or lown where d	leath occurred	(Ii	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	ME Susan		Page 2 / 13,	
				C4 Ward
(a) Residen	ce: NoPecton	ville, Mc (Usual place	of abode)	St., Ward. If nonresident give city or town and State
	AL AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
s. sex Female	4. COLOR OR RACE White		RIFD, WIOOWED, D (write the word)	21. DATE OF DEATH April 12 (Day) (Year)
5a. If married, widow HUSBANO of (or) WIFE of	ed, or divorced Franklin	Murray		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Fe	by. 26, 1	1859	I last saw h. L. alive on April 4 , 1935; death is said
7. AGE Yea 76	rs Months	Days 17	If LESS than 1 day,hrs. ormin.	war as follows:
		Home Work	£	Date of onset
work was SAW MIL	business in which s done, as SILK MILL, L, BANK, etc			agricular Zibiflation
this occup	ed last worked at pation (month and	11. Total t spa ocn	ime (years) ntin this upation	Blurisy (wit-night)
12. BIRTHPLACE (cit (State or cour	ty or town) Washin	gton Cour	ıty	Other Coutributory Causes of infortance:
13. NAME Be	enjamin Milla			
E	(city or town)Washi	ngton-Cou	inty	Name of operation Date of What test confirmed diagnosis Asymmetric Date of What test confirmed diagnosis Asymmetric Date of Da
15. MAIDEN NAI	ME Eva Myers			23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE	(city or town) Washi	ngton Con	inty	Accident, suicide, or homicide?
	William F. Mur. Big Pool, Md.	ray		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMAT	ION, OR REMOVAL			Manner of injury
Place Sha	inktown, Md.	Date April	14 19.35	Nature of injury
19. UNDERTAKER (Address)	Snyder-Rowland		Home	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILE Aprel	14,1935	W-M	Registroft.	(Signed) Allet U: Totras M. O. (A'dress) Harroll M.
	If more l	blanks are needed, a	iddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDDALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

V. S. No. 1

N. B.

1 PLACE OF DEATH County Jash wylon	STATE OF MARYLAND CERTIFICATE OF DEATH
WITHIN CORPORATE LIMITS OF	Registration Dist. No. 302
Village or City / Fuferton (No. 60	4/1 Prospect St.: 5 Ward) a hospital or institu- tion, give its NAME in- franchi Keller & Suma Pattern number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Of 26 , 1935 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 1 HEREBY CERTIFY, That I attended the deceased from 192 to 192 192 192 192 192 192 192 192 192 192
TAGE Stice born If LESS than I day hrs. or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work	Ö.P.
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) Ses mosds.
9 BIRTHPLACE (State or country) Husenborn nel	Contributory Secondary (Durstion) yes mos ds.
10 NAME OF Frank Beller	(Signed) M. Q. Gogelorg M. D.
OF FATHER (State or country) Chambers bory Pa,	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother and a Patterson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ienta or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) When Why,	At place of deathyrsmosds. In the Stateyrsmosds.
(Informant) Em ma Patterson	Former or usual residence
(Address) Hugershown mee	Remises Date of Burial Date of Burial
Filed 4/27/ 19235 Christ Bowers	Frank Keller Hugensbown
If mora bianka are needed, addrass Stata Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvanl, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (o) Salesman. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (o) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physiciam, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Former or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the tion applies to each and every person, irrespective of harer, Form laborer, For many occupations a or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Doy Laborer-Cool mine, etc. Womsingle word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles inges, perilonoeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. "Exhaustion, 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, etc. unqualified, is indefinite); Tuberculosis of lungs, menesusing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; "(Atrophy," "Collapse," "Coma," "Convulsions, illity" ("Congenital," "Senile," etc.), "Dropsy, haustion," "Heart failure," "Haemorrhage, FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic valvular heart Nomenclature Always qualify all The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

	STATE OF MARVI AND	CERTIFICATE OF DEATH
1	PLACE OF DEATH	
•	Washington	Posistration Diet No. 303/
	9)7 # [# 602.	Registration Dist. No.
	Village or City Hagerstown	No. Washington County Hospistal 3 Ward (death occurred in a horpital or institution, give its NAME instead of street and number)
	3	ds. How long in U.S. if of foreign birth?yrsmosds.
2	FULL NAME Lester Frederick Peck	
	(a) Residence: No. Clearspring, Md. (Usual place of abode)	St., Ward. If nonresident give eity or town and State
CONT. N	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	Male White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH April 30, 1935. 193 (Month) (Pay) (Year)
5a.	If married, widowed, or divorced HUSBAND of	1
	(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
	DATE OF RIRTH (month day and year) November 25, 1918	1300
	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6:00 Pm.
** 2	16 6 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence
	8. Trade, profession, or perticular	were as follows: Date of onset
PATION	kind of work done, as SPINNER, Laborer SAWYER, BODKKEEPER, etc.	Cause 1 hultiple Later 1/210/25
PAT	9. Industry or business in which	st tibia + Silved
0000	work wes done, as SILK MILL, SAW MILL, BANK, etc	Company Lower left life
8	10. Date deceased last worked et this occupation (month and year)	+ fibula b
	We also not an Oceanter	Other Contributory Causes of importance:
12.	(State or country) Md.	grifection of compound 1/1/33
۵	13. NAME Joseph Peck	Show your general it
ATHER	14. BIRTHPLACE (city or town) Fulton County	Name of operation of flera reductions admit of Date of 2 4 33
4	(State or country)	What test confirmed diagnosis?
HER	15. MAIDEN NAME Nora Suffecool	23. If death was due to external causes (VIOLENCE) fill In also the following:
MOTHE	16. BIRTHPLACE (city or town) Washington County (State or country) Md.	Accident, suicide, or homicide accident. Date of injury 1/26, 1930 Where did injury occur?
	INFORMANT Joseph Peck,	(Specify city or town, county and Stark) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PEACE.
17.	(Address) Blearspring, Md.	are western Pike
18.	BURIAL, CREMATION, OR REMOVAL Place Blair's Valley Date May 2, 19 35	Manner of injury was Coarling on Righer my Short
19.	UNDERTAKER Snyder-Rowland Funeral Ho	Nature of injury
-	(Address) Clearspring, Md.	If so, specify
20.	FILED D-2-, 1955 Chaif Housers	(Signed) & TP O M. D.
	Registrar.	(Address) Acquirile and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the second s	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU C			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. CAUSE OF DEATH in plain terms,

TION is very important.

RTIFICATE OF DEATH

93-c

	-	_		
- (1)	8		823	
	100		O.	o.

MARGIN RESERVED FOR BINDING THE THIS IS A PERMANENT RECORD. Exery item of information of the control of the con	FOR B	INDING	BETORD.	Every i	D is	infoi
y supplied. AGE should be stated EXACTLY. PHYSICIANS should stat ain terms, so that it may be properly classified. Exact statement of OCCUPA See instructions on back of certificate.	stated E properly certificate	X A C T L Y classified.	Exact state	Ment	should of	stat UPA

. .

1. |

2. 1

3. SEX Fe Sa. If

6. DAT 7. AGE

OCCUPATION

12. BIF

FATHER 14

MOTHER

16

17, INF 18. BU

19. UN

	S	IAIE	OF	MAR	YLAND-	-CE
PLACE OF						
County Village or Cit	Wa Wa Ha	shin gers	gton town	, Wa	shingtor	1 Co
Length of reside	ence in cit	y or town v	vhere deat	h occurred.	O yrs m	OS
TULL NAM	E L	aura	Ram	sey.		
(a) Residence	e: No	31 E	. An	(Usual place	of abode)	West.
PERSONA	AL AN	DSTAT	ISTIC	AL PARTI	CULARS	
male	4. color Whi	te	E 5.	SINGLE, MAR	RIED, WIDOWED, D (write the word)	21.
narried, widowe USBAND of or) WIFE of	d, or divor	g	cor	ea. à	Pamsey	22.
E OF BIRTH (n	nonth, day	and year)	(hi	Luour	2/855	118
	5	Mont		Days	If LESS than 1 day,hrs	s. Th
	ork done, a BOOKKEEI	PER, etc		etired		
work was	done, as S , BANK, e	tc	Hom	e work		
this occupa	ation (mon	th and		spa	ime (years) nt in this upation	
THPLACE (city	or town)_	Was		ton Co	unty.	Ot
(State or count	ry)			nger.		_Oh
. 14711116					1 4	
BIRTHPLACE (wn)_Wa	snin Md	gton C	county.	Na
MAIDEN NAM	E E	liza	Byu	um		23.
BIRTHPLACE ((city or to	wn) Wa Md	shin	gton C	ounty.	Ac Wi
ORMANT M (Address)	rs C Hage	ora '	Trov			Sp
	e Hi	11 C			1 22 19 3	35 Ma
DERTAKER	Fred	W,	Krai	SS.		24.
(Address)	Hag	erst	own	1	111	lf

County Hospital. eath occurred in a hospital or institution, give its NAME instead ds. How long in U.S. if of foreign birth?	St., 3 Ward of street and number)
St., 3 Ward. If nonresident give city	
MEDICAL CERTIFICATE OF E	DEATH
21. DATE OF DEATH April 19 (Month) (Da	y) 193 5 (Year)
I HEREBY CERTIFY, That 1935, to 1 last saw h	, 1935.; death is said
Olensise 1932	Date of onset
Other Contributory Causes of importance: On Time of Cles on Service Strong of the Service Surgery of the Service Surgery Surg	Durk-
Name of operation	Date of
What test confirmed diagnosis? W	as there an autopsy?
23. If death was due to external causes (VIOL ENCE) lill in also	
Accident, suicide, or homicide? Date of In	jury, 19
Where did injury occur? (Specify city or town, co Specify whether injury occurred in INDUSTRY, in HOME, or ir	unty and State) PUBLIC PLACE.
Manner of injury	
24. Was disease or injury In eny way related to occupation of d If so, specify (Signed) (Address)	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	130	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back of

TION is very important.

90

of occura-

CTATE OF MADVIAND CEDTIFICATE OF DEATH

ň,	STATE OF IV	IAK I LAND	CERTIFICATE OF DEATH	
	County Washington Village or City Tagers town) die	death occurred in a hospital or institution, give its NAME instead of street and nur	- Ward
	Length of residence in city or town where death occur	rred5_yrsmos	ds. How long in U.S. if of foreign birth? yrsmos.	ds.
:	2. FULL NAME Kenneth Reb	ok		
	(a) Residence: No. 120 N. Poto	mac Street	St., Ward. If nonresident give city or town and St.	alc
	PERSONAL AND STATISTICAL F	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 1	lale White ORD	LE, MARRIED, WIDOWED, LIVORCED (write the word) LTIEd	April 11, (Month) (Day)	(Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Reb	ook	22. HEREBY CERTIFY, That I attended do	ceased from
6.	DATE OF BIRTH (month, day, and year) Octobe	r 23, 1904		death is said
	AGE Years Months D	gays If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, at 7:45A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of orset
OCCUPATION	3. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	copodist I. Total time (years) spent in this occupation	alule ander brampunter	Apr 11.3
12.	BIRTHPLACE (city or town) Chembersh (State or country) Pa.		Other Contributory Causes of importance: Krone Steelory Chesus Toudo condition	ifet ,
ER	13. NAME Thomas M. Rebok			0
FATHER	14. BIRTHPLACE (city or town) Chambers (State or country)	burg	Name of operation Date of What test confirmed diagnosis? Was there an aut	opsy?
HER	15. MAIDEN NAME Bessie		23. It death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town) Chambers (State or country) Pa.		Accident, suicide, or homicide? Date of injury Where did injury occur?(Specify city or town, county and State)	
	INFORMANT Mrs. Elizabeth R (Address) Hagerstown, Md.	(epok	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAC	
18.	BURIAL, CREMATION, OR REMOVAL Place Chambersburg, Palate	Apr. 13 1935.	Manner of injury	
19.	UNDERTAKER Fred W. Kraiss (Address) Hagerstown, Md		24. Was disease or injury in eny way related to occupation of deceased? If so, specify	lu
2D.	FILED 4-13-, 19 35-6/kass	Hower Registrar.	(Signed) Liver III, Derty (Address) SCIIS- N Pakonia	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
of infor-	1. PLACE OF DEATH	
ould occ	county Washington	Registration Dist. No. 303
shot of o	Village or City Mai q Spring	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredmos	
Every SIANS ement	2. FULL NAME TYS Annie Laura	Khodes
rSIC	(a) Residence: No. Pig Spring-	St., Ward.
CORD. PHYSI	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECC PF Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
LY	Female White Mayried (write word)	(Month) (Day) (Year)
DING ANEN Ssifted	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I, attended deceased from
B 2 2	(or) WIFE of J. Lauge lot	may 1923 to affine 10 19 35
BIN EX EX y cl	6. DATE OF BIRTH (month, day, and year) Aug 1- 1869.	I last saw he len alive on and 10 , 1931; death is said
- T	7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at
FOR IS A stated proper	8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data of onset
0000	SAWYER, BDOKKEEPER, etc.	nolhridia Musica
RVE C_T ould may back	Sindustry or business in which work was done as SHK MIII	netword as Leben Chroses
SERV. INK-T should it may	11. Totel time (years)	hypertaction declare
	this occupation (month and 34 spent in this occupation 2047S	
NA + 0	12. BIRTHPLACE (city or town) Big Spring	Dither Contributory Causes of importance:
RGIN NFADI plied. rms, so	(State or country) Md	Dialific
	13. NAME Daniel Drower 14. BIRTHPLACE (city or town) Lans	
	[14. BIRTHPLACE (city or town) 140 15 P N 1 n q	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
WITH efully in plai	E 15. MAIDEN NAME + Melia Brewer.	What test confirmed diagnosis?
	15. MAIDEN NAME TOLLA BREWEN.	Accident, suicide, or homicide? Date of injury, 19
AINLY, d be can DEATH	(State or country)	Where did injury occur? (Specify city or town, county and State)
A DIG V	17. INFORMANT 2 Lance Lot 17 hours	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
	18. BURIAL GREMATION, OR REMOVAL	Manner of Injury
on son son son son son son son son son s	Place Thaustemotery at tow 125, 1935	Nature of injury
WRITE mation s	19. UNDERTAKER A.K. CUYYSMAN	24. Was disease or injury in any way releted to occupation of deceased?
	(Address) Hay Christown, Wd	If so, specify
à z	20. FILED-CAME SHE 19 3 8 Constant	(Signed) Gillegin for mile M. D.
DaLaymo		2411 N. Charlestreet, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	------	-----	---------	------------	----	-----------

of infor-	uld state	OCCUPA-	
item	sho	of (
RD. Every	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
T RECO	Y. PH	Exact	
MANEN	XACTL	lassified.	
IS A PER	tated E	roperly c	ertificate.
THIS I	ild be s	ay be p	ck of ce
G INK	GE shou	hat it m	ns on ba
FADIN	led. A	ms, so t	struction
TH UN	ly suppl	lain ter	See in
LY, WI	careful	TH in p	portant.
PLAIN	onld be	OF DEA	very im
N. B-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation sl	CAUSE	TION is very important. See instructions on back of certificate.
Z		(-	7

STATE C	F MARYL	AND-CERTIF	ICATE	OF	DEATH
---------	---------	------------	-------	----	-------

	4
STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-6
County (U. ashmaton)	Registration Dist. No. 305
Village or City Sand Man - Fahru	ey No. Demonal Home St., Ward
9.11	douth occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 47 yrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Munne Roels	Rey
(a) Residence: No. Same Mar	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word)	Li. Date of Death Annal 29
5a! If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That attended deceased from
Dugle	April 22 ,1935, 19 Speed 29 ,1935
6. DATE OF BIRTH (month, day, and year) May 30-1855	I last saw have alive on 1935; death is said
7. AGE Years Months Gays If LESS than	to have occurred on the date stated above, atm.
79 10 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Uate 01 onset
SAWYER, BDDKKEEPER, etc. 9. Industry or business in which	p and a second
work was done, as SILK MILL,	Chionel Myotardelis 1730
f 0. Nate deceased last worked at 11. Total time (years)	
o this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) New market	Other Contributory Causes of Importance:
(State or country) Facel. Co. Tad.	
13. NAME Charles I Roller	
14. BIRTHPLACE (city or town) Brancas	Name of operation Date of
(State or country) Secrimanie.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Resecca Bras Sear	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Hyalla town	Accident, suicide, or homicide? Date of injury, 19
E (State or country) Indu	Where did injury occur?
17, INFORMANT Miss Sudie Boarbax	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Booustono Md. R. 1	
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Tallound Date 12 2 1935	Nature of injury
19. UNDERTAKER / My 2. Bast 45	24. Was disease or injury in any way related to occupation of deceased?
(Address) Booguston md.	If so, specify
20. FILED May-2., 1935 (1) Sliam J. Bask	(Signed)
Registrar.	(Address) Somston.
If more blanks are needed, address State Registrar	2411 N Charles Street Relimore Description 71 C No.

te Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "emp byce," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II

Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
----------	-------	------	--------	-------	----	-------

1. PLACE OF DEATH	(20)
county Washington	Registration Dist. No.
Village or City Yaq LYSYDWn.	No. 29 Washing ton (TVE St., Ward death occurred in a horpital or institution) give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Charles Tohyer	
(a) Residence: No. YY a Sh. ma for Ity (Usual place of labode)	St., / Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write they word) OR Q X Y i Q	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(month) (bay) (lear)
(or) WIFE of	22. I HEREBY CERTIFY. That Tattended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 630 Pm.
43 5 25 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this coverable (month and	alle male cal
A Industry or business in which	- Comment of the comm
work was done, as SILK MILL, SAW MILL, BANK, etc	Primary Cause: Gostronenterities, Duration
11. Total time (years) this occupation (month and	a Law hours Qua
year) Thy 6 1923 occupation 2919	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) DOOMS home (State or country).	Control Country Country of Importance.
Harthplace (city or town) 20075 200	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
IS. MAIDEN NAME CAYA 3. Me	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME (10 YQ 2: 11 e) 16. BIRTHPLACE (city or town) 0000 borg (State or country)	Accident, suicide, or homicide?
14(1)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT WI HOUSE (Address) Hagey Stours The	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURNAL, CREMATION, OR REMOVAL	Manner of injury
Plate UULXSTOWN, Who ate 1 17 Y . , 19 25	Nature of injury
19. UNOERTAKER T. Command	24. Was disease or injury in any way related to occupation of deceased?
(Address) Haglessum My	If so, specify
20. FILED T. 1935 Mest Corner Registrar.	(Signed) (Address) Fracticalism (Address)
	Yes

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

)	Every item of infor-	MANS should state	ement of OCCUPA.	1
1	9	T RECORD.	Y. PHYSIC	Exact state	
DAVA GARAGE	BINDING	PERMANEN	EXACTL	ly classified.	ite.
200	FOR	S IS A	stated	proper	certifica
THE STATE OF THE PARTY OF THE P	MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ION is very important. See instructions on back of certificate.
-		WRITE PLAINLY,	ation should be car	AUSE OF DEATH	ION is very import

(Stale or country)

16, BIRTHPLACE (city or town). (Stete or country)

18. BURIAL, CREMATION, OR REMOVAL

15. MAIDEN NAME

(Address)

19. UNDERTAKER (Address)

MOTHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(II)
county Washington	Registration Dist. No. 9 03
Village or City Mean Wilsons	No. Western Pike. St. Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds How long in U.S. if of foreign birth?
2. FULL NAME JOhn J. Rohver	
(a) Residence: No. Newy Wilsons	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wrige the word) OR DIVORCED (wrige the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of BRSSIE	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Lec. 28-1889	I last saw h w alive on Poio 21, 1935; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 = m. 4
45 3 2 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:
8. Trade, profession, or particular	Date of onset
kind of work dona, as SPINNER, Mechauic.	
kind of work done, as SPINNER, Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Myscardial Justificans
O land Date deceased last worked at this occupation (month end year) - 122 - 143 - 3	
12. BIRTHPLACE (city or town) Deaver Creek (Stata or country)	Other Coutributory Causes of importance:
13. NAME JOHN S. Rohyey-	Your
= 14. BIRTHPLACE (city or town) 13 Rayer Creek	Name of operation Date of

What test confirmed diagnosis? Was there en autopsy?..... 23. If death was due to external causes (VIOL ENCE) fill in also the following: Beaver C

Accident, suicide, or homicide?___ Where did injury occur?__

(Specify city or town, county and State)
Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

24. Was disease or injury in any

(Signed). (Address) _.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Dale of onsel	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
-URBALLY R			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT OCCI should Registration Dist. No. S How long in U.S. if of foreign birth? Length of residence in city or town where deeth occurred PHYSICIAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) sur 4K (Month) (Year) BINDING 5e. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY bat I attended deceased from (or) WIFE of 田 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than Months Days to have occurred on the date stated above, at. 1 day, __ l hrs. The PRINCIPAL CAUSE OF DEATH and related couses of importance or____min. Date of onset 8. Trade, profession, or particular TION RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... back 9. Industry or business in which may should work wes done, as SILK MILL, SAW MILL, BANK, etc Q. Date deceased last worked at no 11. Total time (years) this occupation (month and spent in this that occupation _____ instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13. NAME See Neme of operation plain 14. BIRTHPLACE (city or town) (State or country) carefully What test confirmed diegnosis?.. ----- Was there an au'opsy?____ MOTHER important. 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?_____ Date of Injury_____ 16. BIRTHPLACE (city or town) (Stete or country Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. hould very 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVA Manner of injury non 5 Nature of injury 24. Was disease or injury (Address) If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. Tolk

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH
----------	----------------------	----	-------

1. PLACE OF DEATH Washington	וואות וכ	LAND	43-2	18578
County			Registration Dist. No.	300
Village or City Sanmar			No. SanMar Home s	t.,Ward
Length of residence in city or town where	death occurred		f death occurred in a hospital or institution, give its NAME instead of strees	
2. FULL NAME George	Oscar	Shafer		
San	Mar Home			
(a) Residence: No.	(Usual place		St., Ward.	vn and State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEA	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR	RIED, WIDDWED, D (write the word)	21. DATE OF DEATH April 24	, 193
5a. If married, widowed, or divorced HUSBAND of			(Month) (Day)	(Year)
HUSBAND of Cor) WIFE of			22. HEREBY CERTIFY. That letter 19 19 35 to Specific	tendad deceased from
6. DATE OF BIRTH (month, day, and year)	Aug.19	1847		death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date state above, at 2m.	
87 8	5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Labore	r		Date of onset
9. Industry or business in which			Chance muracletis	1928
work was done, as SILK MILL, SAW MILL, BANK, etc				
10. Date deceased last worked at this occupation (month and year)	sp€	time (years) ent in this upation	V	
Mary	land		Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)				
置 13. NAME Jonathan	Shafer			
13. NAME JOINTHAN 14. BIRTHPLACE (city or town)	ryland		Name of operation Date	te of
(State of country)		73	What test confirmed diagnosis? Was the	ere an autopsy?
15. MAIDEN NAME Mary Cat	herine	Fox	23. If death was due to externat causes (VIDL ENCE) fill in also the fo	ollowing:
15. MAIDEN NAME Mary Cat 16. BIRTHPLACE (city or town) (State or country)	ryland		Accident, suicide, or homicide? Date of injury	
17. INFDRMANT Gus Wiebel			(Specify city or town, county a Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBL	nd State) LIC PLACE.
18. BURIAL, CREMATION, DR. REMOVAL, Md.		6/ 35	Manner of injury	
19. UNDERTAKER C.M.Suter& (Address)	Sons Md.		24. Was disease or injury in any way related to occupation of decease	ed? ho
20. FILED [2. 7. 19.35 []	Mian	Registrar.	(Address) Boonsbo	. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County. Was so in a special of instruction, give in NaWa Sh Cu HOS D. Tay St. Ward Leaph or eligible or city. The graph of the standard of three and number of the county. Was deep to reside the left by at form where death occurred. J. FULL NAME 2. FULL NAME (a) Residence: No. HOLLOCK (Countpace of abods) St. Ward J. J. Ward J. J. S. W. Ward J. J. J. Ward J. J. War	r- te	<u>.</u>	STATE OF MARYLAND—	CERTIFICATE OF DEATH
County, Will Shin a form the second of the s	info		1. PLACE OF DEATH	139.6)
Village or City, TLQ YES DUN , No. No. No. The printing rate in Name in the case and number of three and number of the case and number of	NFADING INK—THIS IS A PERMANENT RECORD. Every item of ipplied. AGE should be stated EXACTLY. PHYSICIANS should erms, so that it may be properly classified. Exact statement of OCCI instructions on back of certificate.	county Washington	Registration Dist. No. 302	
Length of residence in city or form where death occurred. J. FULL NAME 2. FULL NAME 3. SEX 4. COLOR OR RACE S. SINGE, MARRED, Willows 4. COLOR OR RACE S. SINGE, MARRED, WIDOWCD, Comic the word) S. SI, Imarical ordered, or divorated (con with the word) S. SI, Imarical ordered, or divorated (con with the word) S. SI, Imarical ordered, or divorated (con with the word) S. SI, Imarical ordered, or divorated (con with the word) S. SI, Imarical ordered, or divorated (con with the word) S. SI, Imarical ordered, or divorated (con with the word) S. SI, Imarical ordered, or divorated (con with the word) S. SI, Imarical ordered, or divorated (con with the word) S. SI, Imarical ordered, or divorated (con with the word) S. SI, Imarical ordered, or divorated (con with the word) S. SI, Imarical ordered, or divorated (con with the word) S. SI, Imarical ordered, or divorated (con with the word) S. SI, Imarical ordered, or divorated (con with the word) S. SI, Imarical ordered, or divorated (con with the word) S. SI, Imarical ordered, or divorated (con with the word) S. SI, Imarical ordered, or divorated (con with the word) S. SI, Imarical ordered, or divorated (con with the word) S. SI, Ward. SI, DATE OF BIRTH (month, day, and year) S. SI, AL COLOR OR RACE S. SINGE, MARRED, Willows S. SI, Ward. SI, S. SI, Ward. What test ordered con the date stated above, at J. J. J S. SI, Ward. S. SI, Ward. S. SI, Ward. SI, DATE OF BIRTH (month, day, and year) S. SI, Ward. S. SI, Ward. S. SI, Ward. S. SI, Ward. S. Lapter of DEATH S. DATE OF BIRTH (month, day, and year) S. SI, Ward. S. SI, Ward. S. Lapter of DEATH S. SI, S. SI, Ward. S. SI, Ward. S. Lapter of DEATH S. SI, S. S	tem	0 J	Village or City HOQQ X S TO WY	No. Wash Cu Hospital st. 3 Ward
(a) Residence: No. Color or Race (Coupleier of abody) PERSONAL AND STATISTICAL PARTICULARS S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED O'DIVERSE (Color or Race) S. DIVERSE (Color or Race)	20	+		
(a) Residence: No. Color or Race (Coupleier of abody) PERSONAL AND STATISTICAL PARTICULARS S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED ON O'DIVERSE (Color or Race) S. SINGLE, MARRIED, WIDOWED O'DIVERSE (Color or Race) S. DIVERSE (Color or Race)	Ver	men	2 FULL NAME Extalous Shills	*
3. SEX		ate	110	
3. SEX	REI	st		
Sa. II merried, vidowed, or divorced Hospital (Month) (Day) (Was) Sa. II merried, vidowed, or divorced Hospital (Month) (Day) (Was) Sa. II merried, vidowed, or divorced Hospital (Month) (Day) (Was) 10 y NIE 21 Co. DATE OF BIRTH (month, day, and year) Day 1 last daw h silve on. 1933. 10 dawni. 1.7. 1937. 10 have occurred on the date stated above, at. 2.1 10 have occurred in this cared above, at. 2.1 10 have occurred in this cared above, at. 2.1	PF	act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. DATE OF BIRTH (month, day, and year)	E .	OR DIVORCED (write the word)	C)/Well 11- 193 S	
S. DATE OF BIRTH (month, day, and year)	E	ied	5a. If married, widowed, or divorced	(Wonth) (Day) (Year)
BEAT TO BIRTH (month, day, and year) 1	4	lassif	(or) WIFF of	
The state of the s	EX		6. DATE OF BIRTH (month, day, and year) 1-8 01 2 1-1914	
SHALL WINDERTAKER ATTOLIC STATES AND STATES DEPARTMENT OF THE STATES AND ST		erly	7. AGE Years Months Days if LESS than	7.
SHALL WINDERTAKER ATTOLIC STATES AND STATES DEPARTMENT OF THE STATES AND ST	SA	rtif		was as follows:
and industry or business in which work was done, as SIK MILL. Selv. in Quit (act are provided at this occupation mouth amend 1935) aspent in this years occupation in this occupation of the occupation of this occupation in this occupation of the occupation		-	Z Irade, profession, or particular	Date of onset
Dither Centributory Causes of importance: 12. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAC (REMATION) 19. UNDERTAKER 19. UNDERTA			- I SAWIER, DUDNINGERER, CIC	tobal?) adherious Couring a
Dither Centributory Causes of importance: 12. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAC (REMATION) 19. UNDERTAKER 19. UNDERTA	Th	nay ack	work was done, as SILK MILL,	partial intestinal obstructing
Dither Centributory Causes of importance: 12. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAC (REMATION) 19. UNDERTAKER 19. UNDERTA	Sho		10. Date deceased last worked at 11. Total time (years)	Small bacock -
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAC TREMATION, (R) REMARKATION,	-	40 0	this occupation (month and 1935) spent in this 2445.	
Name of operations flowers and operations flo	ING	o th	12 RIPTHDI ACE (city of town) A (140) CA	
Name of operations flowers and operations flo	A.	s, s		
Name of operations flowers and operations flo	NF.	rms	# 13. NAME BOULL T. Shives.	/
What test confirmed diagnosist for day was there an aulopsy? 23. If death was due to external causes (VIDL ENCE) fill in also the following: 15. MAIDEN NAME OSE Country 16. BIRTHPLACE (city or town) (State or country) Where did injury occurr? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 20. FILED. 47.85 10. State or country) Was there an aulopsy? 4.0. Was there an aulopsy? 4.0. Accident, suicide, or homicide? Date of Injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Nature of injury 11. Out of injury Nature of injury (Signed) M. D. Registrat. (Address) Address M. D. Registrat. (Address) Address Address Address Manner of injury Nature of injury (Signed) M. D. Registrat.	D dns	40 00	E 14. BIRTHPLACE (city or town) Hall Co	
15. MAIDEN NAME) OS Photo Politics of the part of the	HE	6.0	(State or country)	mt - 0.1
15. BIRTHPLACE (city or town) 15. BIRTHPLACE (city or town	WI	n p nt.	WI IS. MAIDEN NAME -) (TSO DA O LO OLO	
17. INFORMANT 1. Specify whether injuly decorred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) 18. BURIAC OREMATION, TO REMARKATION, T	r, are	H i	5 16. BIRTHPLACE (city or town) Houce of	
17. INFORMANT 1. Specify whether injuly decorred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) 18. BURIAC OREMATION, TO REMARKATION, T	S. C.	ATC 1 po		
18. BURING, THE MATTON, MyREMATTON, MyREMATTON, MyREMATTON, MyREMATTON, Manner of injury PHOLOGORIAN PREMATTON, MyREMATTON, MyREMATTON, Manner of injury Nature of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? 4.0 18. SURING, THE MATTON, MYREMATTON, MYREMATTON, MAINTON, MANNER OF INJURY Nature of injury 19. UNDERTAKER (Address) 20. FILED. 47-78-, 10-35 10. Control of Manner of Injury Nature of injury (Signed) 18. SURING, THE MATTON, MYREMATTON, MYREMATTON, MAINTON, MAINTON, MANNER OF INJURY NATURE OF INJURY (Address) Manner of injury Nature of injury (Signed) Manner of injury (Signed) Manner of injury (Signed) Manner of injury (Address) Manner of injury	- F	AA		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
PIRALLY Navey Curpate Holls 19.19.20 19. UNDERTAKER AND COLUMN CAN CANDERS OF INJURY IN any way related to occupation of deceased? Uso It so, specify 20. FILED 478-, 10-35 Paragraph Down Control of Company Control of Control		_		Manner of injury
24. Was disease or injury in any way related to occupation of deceased? Lo (Address) 20. FILED. 4-78-, 10-35 Aug Hours Registrar. (Address) Augusteen M. D. (Address) Augusteen M. D.	-		PHAMMES Marsyandore Houl 19, 193	
20. FILED. 4-18-, 10-35 Chastillowers, (Signed) 5 At June M. D. Registrar. (Address) Auguston m. D.	WR	CAU		
20. FILED. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	2	7	(Address)	2001-1
Acgistrat. II (Alfuless) / The design of the second of the	z	1)		
	3	5		A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF OCC plnous Registration Dist. N Village or City Ward of (If death occurre for institution, give its NAME instead of street and number) S in U_S. if of foreign birth? Length of residence in city yrs. tement PHYSICIAN 2. FULL NAM St., (a) Residence: No. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S. SINGLE MARRIED, WIDOYED, 4. COLOR OR RACE 21. DATE OF DEATH OR DEVORCED (write my word) (Month) (Year) assified. BINDING 5a. It married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY, That I attended deceased from (or) WIFE of E I last saw h death is said certificate 6. DATE OF BIRTH (month, day, and year) proper 7. AGE Years Mont Days If LESS_than to have occurred on the date stated above, at 1 day, G min. SI Date of onset 8. Trade, profession, or particular NOI ARGIN RESERVED kind of work done, as SPINNER of SAWYER, BOOKKEEPER, etc. may back A Mindustry or business in which should work was done, as SILK MILL SAW MILL, BANK, etc .. 10. Date deceased last worked at no 11. Total time (years) ō this occupation (month and spant in this yaar) .. occupation instructions Other Cuutributory Causes of importance: 12. BIRTHPLACE (city or to (State or country) ied. FATHER 13, NAN lddns 99 = S (Stata or co 2 What test confirmed diagnosis? carefully p important. 23. If death was due to external causes (VIOLENCE) fill in elso the following OT Accident, suicide, or homicide?_____ Date of injury _____ 19 pe Where did injury occur?... (Specify city or town, county and State) DE Specify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. pinoy very OF Manner of injury mation Natura of injury 0 TION 24. Was diseaso or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) 2D, FILED Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF	F	DEATH
----------------------------------	---	-------

1. PLACE OF DEATH	
County Village or City Hage Bridge	Registration Dist. No. 30 Z
(If	death occurred in a hospital or institution, give it NAME instead of street and number) ds How long in U.S. if of foreign birth? yrsmosds.
4 0 111 5	· 40
(a) Residence: No. (Usual place of abode)	St., 5 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) That The Colite Service the word)	21. DATE OF DEATH 24 1935 (Year)
5a. If married, widowed, or divorced HUSBAND of Catherne C. Smith	22. N I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Calvorit 1871	I last saw h alive on 4/22 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.45 Pm.
64 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	accending Paralyses 12
SAWYER, BOOKKEEPER, etc.	1928
9 Industry or business in which Work was done, as SILK MILL, SAW MILL, BANK, etc	moling all tembs)
0 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Settesburg	Other Contributory Causes of importance:
(State or country)	
13. NAME Seval 5 mills	
13. NAME Deorge Smills 14. BIRTHPLACE (city or town) Settyphing	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fili in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Aliss Eather Smith (Address) Hagerslaw Mrd	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR KEMOVAL	Manner of injury
Place Jeligeburg Jac Date 11 94 -1-, 1933	Nature of injury
19. UNDERTAKER (UP 3) Past T Son	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4-30-, 19:35 Chaffi Boevers Registrar.	(Signed) M. D. (Address) M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V. S. I			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
------------------	-----	---------	------------	---------------	-----------

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH	9
1. PLACE OF DEATH	46-2	
County VVashinaton.	Registration Dist. No. 38	2_
Village or City YOQQEYSYDUM	No. Wash Co Hospi, Yast, 3 death occurred in a hospital of institution, give its NAME instead of street and number)	Ward
	LO ds. How long in U.S. if of foreign birth?	ds.
2. FULL NAME MYS Sarah Den	nis Smith	
(a) Residence: No. Luyay (Usua) blace of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Temale VV 6. VQ TO TY 1 Rd TO THE WORD OF THE WORD OF THE WORD)	21. DATE OF DEATH (Moduli) (Day) (Year)	> >=ar)
5a. If married, widowed, or divorced HUSBAND of Or) WIFE of Seph W.	22. I HEREBY CERTIFY. That I attended decease	d from فرو
6. DATE OF BIRTH (month, day, and year) 17 18-1869.	I last saw he elive on July 1900 death	le eaid
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at	13 3010
65 3, 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular	Date of	of onsat
kind of work done, as SPINNER, TOUS OWIZE	Countre	
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	192	34
10. Date deceased last worked at this occupation (month and	Mondey	
vear) VIII 7 22: 1435 occupation OWYS		
12. BIRTHPLACE (city or town) Washing Long Long Long Long Long Long Long Lo	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Dashington (State or country)	Dther Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Washington (State or country)		
12. BIRTHPLACE (city or town) Washington (State or country) 13. NAME William Scott	Name of operation	
12. BIRTHPLACE (city or town) Washington (State or country) 13. NAME William Scott 14. BIRTHPLACE (city or town) Washington (State or country)		
12. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Wes there an au'opsy?	
12. BIRTHPLACE (city or town)	Name of operation	
12. BIRTHPLACE (city or town)	Name of operation	
12. BIRTHPLACE (city or town)	Name of operation	
12. BIRTHPLACE (city or town) (State or country) 13. NAME V: au Scott 14. BIRTHPLACE (city or town) Washington (State or country) 15. MAIDEN NAME Cary Norman - 16. BIRTHPLACE (city or town) Washington (State or country) 17. INFORMANT Yed S. Dennis (Address) Hag exstown and	Name of operation	
12. BIRTHPLACE (city or town)	Name of operation	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH	30000	
infor- state UPA-	1. PLACE OF DEATH	(97)	2 15	
ould occu	county Mashinaton	Registration Dist. No.	202	
item of should of OCC	Village or City NO ACYSTOWN	NoS30 Washington tr. st.	Ward	
200	Length of residence in city or town where death occurredyrs,mos	f death, occurred in a hospital or institution, give its NAME instead of street a 1 ds. How long in U.S. if of foreign birth?	ad aumber) _mosds.	
3D. Every YSICIANS statement	2. FULL NAME MYS Mollie Susan	Sprecher		
	(a) Residence: No. 830 Washington Ary -	St., Ward.		
	(Usual place of abode)	If nonresident give city or town		
(a) (b)	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 12. (Month) (Day)	, 193 S (Year)	
INC T	5a. If married, widowed, or divorced HUSBAND of	22. d I HEREBY CERTIFY, That I attend	lad danaged from	
BINDIN PERMAN EXAC ly classifi	(or) WIFE of Nelson L.	Ar. 6- 1935 to and 12	1951	
BIN ER EX	& DATE OF BIRTH (month, day, and year) (1) 21-1861	I last saw here alive on Qpr 11 193.	death is said	
R J	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at		
FOR IS A I stated properl	74 21. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset	
760	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.	altowischones -	not	
VED THIS Id be ty be ck of	SAWTER, BUDKKEPER, etc. 110 99 43 10 10 10 10 10 10 10 10 10 10 10 10 10		Kur	
SERVI VK—T Should it may n back	SAW MILL, BANK, etc			
S	10. Data deceased last worked at this occupation (months and year)			
Z 4	Milcore	Other Contributory Causes of importance:	1 1	
ARGIN R. INFADING pplied. AG terms, so the instructions	12. BIRTHPLACE (city or town) V V S S S S S S S S S S S S S S S S S	p/Malmutation -	eum	
MARGI UNFAI supplied n terms,		oques le las		
7 5 5 6	13. NAME & VIN 198; (1. 14. BIRTHPLACE (city or town). Waynesburg	Name of operation Date o		
H - 70	(State or country)	What lest confirmed diagnosis? Was thera	in autopsy?	
WIT efull in pl	15. MAIDEN NAMEN wtild a Stine 16. BIRTHPLACE (city or town) Wilsons	23. If death was due to external causes (VIOLENCE) fill in also the follow	ving:	
INLY, WITH be carefully SATH in pla		Accident, suicide, or homicide? Date of Injury	, 19	
AINLY, d be ca DEATH	(State or country) M.	Where did injury occur? (Specify city or town, county and	State)	
PLAINLY, WI hould be carefu OF DEATH in very important.	(Address) Hagey Shound U.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.	
F=1 10	18. BURIAL, CREMATION, OR REMOVAL 1 A . COLL	Manner of injury		
	PlaceSt lauls auc Date multt. 1935	Nature of injury		
Mation CAUSE TION is	19, UNDERTAKER EV. COM mau.	24. Was disease or injury in any way related to occupation of deceased?		
	(Address) Hage storm. Ju	If so, specify)	
vi . (T	20. FILED 4/12/ 1935 10 Kast 10000es	(Signed) Theory White	M. D.	
WUL	Registrar.	(Address) Hagenstout, M	Ca	
brush	t prote blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Regliesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL SPACE FOR FUR	ER STATEMENTS BY PHYSICIAN
--------------------------	----------------------------

PLACE OF DEATH County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH	
Village or City Hagerdtown (No. 43 2FULL NAME Maxine May Sunderl	Registration Dist. No. 302 Charles St.: 5 Ward) a hospitat or Institution, give its NAME is stead of street an number.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Femmale White Single, Widowed, Or Divorced (Write the word)	16 DATE OF DEATH Office 22, 1985 (Month) (Day) (Year)	
B DATE OF BIRTH April 17, 193 (Month) (Day) (Yes		
7 AGE yrs	hrs. The CAUSE OF DEATH * was as follows:	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Hagerstown, Md.	Contributory Secondary	
10 NAME OF FATHER Hugh Sunderland 11 BIRTHPLACE OF FATHER (State or country) Md.	(Signed)	
of MOTHER Winiferd Hunt 13 BIRTHPLACE OF MOTHER (State or Country) Penna.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents) At place of death	
(Informant) Hugh Sunderland	if not at place of death?	
(Address) Hagerstown, Md.	Hagerstown, Md. Date of Burial 4/23/35	
Filed 4-23- 1935 What Howerd	C.M. Suter & Sons Hagerstown	

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, whatever, write None. gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Physiciam, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo know For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Laborer--Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." American Medical Association.) approved (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Inanition," "Marasums," etc., when a definite disease "Ilraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. "Exhaustion," "Heart Land," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" (secondary Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature of the or intercurrent) affection need not be ess important. Example: Measles (disease ("Congenital," "Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "Haemorrhage," Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	mez)
County Washington	30>-
VALUE COST SATALINITA A.	Washing to Registration Dist. No.
Village or City Naghistown	No. Tackburg St., Sward
Length of residence in city optown where death occurred sylvens who	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	(9) Alexed head 1
2. FULL NAME Damuel Schuns	us where
(a) Residence: No.	St., 5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male subite OR DIVORCED (write the word)	(Month) (Oay) (Year)
5e. If married, widowed, or divorced HUSBANO of	(vay) (rear)
HUSBANO of (or) WIFE of	22. I HER EBY CERTIFY, Jhat I attended deceased from
	-apr, 9, 1935, 10 apr. 10, 1935
6. DATE OF BIRTH (month, day, end year 1862	I last saw hairs alive on Abr 9 1935; deeth is seid
7. AGE Yeers Months Days If LESS than	to have occurred on the date steted ebove, atm
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
april 73 - or min.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER RONKKEPER atc.	
SAWYER, BODKKEEPER, etc.	- Uss town - Dave palesent ou
work was done, as SILK MILL, SAW MILL, BANK, etc.	Apx 9/1935 suly Condition was
10. Oate deceased last worked at this occupation (month and spent in this	Such that I wint madely to make
O this occupation (month and spent in this year) occupation	satisfaction examination of physical
occupation occupation	Other Contributory Causes of importance: condition exacts
12. BIRTHPLACE (city or town) Cantlown	f notes below.
(State or country)	At brees & left farwled Gland 1 MEST
13. NAME Karkwar	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	
15. MAIDEN NAME	What test confirmed diegnosis? Wes there an autopsy?
I I	23. if death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Fred M Long	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Nagustown Md	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Naggastown Madate Lynd 11, 1935	Nature of injury
1. 4 7 11: 111	
19. UNDERTAKER ACAT TO THE MAN AND AND AND AND AND AND AND AND AND A	24. Was disease or injury in any way related to occupation of deceased?
(Address) . Hage stown md	If so, specify
20. FILEO # - 11- 130 Chaffel down	(Signed)
Registrar.	(Address) Hagerstown Mg.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

P	4	
	ô	
7 4	ξ	
	ń	
ř	>	

1	Λ	MARYLAND-	CERTIFICATE OF DEATH	\$5.0
	County Pashing to Village or City Clear Min		Registration Dist. No. 3 (7 / War
	Length of residence In city or town where death		death occurred in a hospital or institution, give its NAME instead of street and included the street and its st	
1	47	coffee Md (Usual place of abode)	St., Ward. If nonresident give city or town an	d State
	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
66.		SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 <u>\$</u>
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended	
11000000	DATE OF BIRTH (month, day, and year) AGE Years Months	Days If LESS than 1 day,	to have occurred on the date stated above, at // Am.	; death is s
NOI	8. Trade, profession, or particular kind of work done, as SPINNER,	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of on
MPAT	SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	roul	Contracted Valors	
000	Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	Dther Coutributory Causes of importance:	
_	BIRTHPLACE (city or town) (State or country)	(
HER	13. NAME Cacceco Aubi	w Seach		
FAT	14. BIRTHPLACE (city or town) (State or country)	d.	Name of operation Date of What test confirmed diagnosis? Was there an	
HER	15. MAIDEN NAME Helen Lea	al Myris	23. If death was due to external causes (VIOLENCE) fill In also the followin	g:
MOTH	16. BIRTHPLACE (city or town) (State or country)	td.	Accident, suicide, or homicide? Date of injury Where did injury occur?	
	INFORMANT Clause H (Address) Millian	whore Hed.	(Specify city or lown, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18.	Place River Vicus Man D	aje 4/20 ,1935	Manner of injury	
19.	UNDERTAKER USE SQUE	is hort mo	24. Was disease or injury in any way related to occupation of deceased?	2.0
20.	FILED CANN. 18, 19 35 6161	Richard	(Signed) Like Mich.	, , M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: Evample I

Evennle II

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

infor	state	UPA.	
Jo	plu	CCI	
item	sho	of C	
D. Every	SICIANS	atement	
SCOR	PHY	act st	
I R	Υ.	Ex	
TTE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	XACTL	SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
IS A PE	stated E	properly	N is very important. See instructions on back of certificate.
HIS	be	pe	Jo
NK-T	plnous	it may	on back
ING I	AGE	so that	ctions
JNFAI	pplied.	terms,	instru
rH 1	ly su	lain	See
, WI	reful	l in p	tant.
NLY	be ca	ATH	mpor
PLA	plno	F DE	ery i
TTE	n sh	SE 0	is v

	STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
1. PLACE OF	DEATH -	-			

02581
St., Ward
or town and State
DEATH
5 , 193 <u>5</u> (Yaar)
I aftendad decaased from

	County	Yass	lipiglas	~		Registration Dist. No. 7 206	
	Village or Ci	ity	Somo	losbrug	m	C No. St.	Ward
	langth of region	lance in cit	y or fown where de	on the course of the		death occurred in a horpital or institution, give its NAME instead of street and number,	
		1	Mada a	eath occurred	yrsmos	ds. How long in U.S. if of foreign birth? yrsmos	ds
	2. FULL NAI		ranga	m-cee	u . / /	may .	
	(a) Residence	ce: No.		(Usual place o	(ahode)	St., Ward. If nonresident give city or town and State	
(Marie	PERSON	AL AN	D STATISTI	CAL PARTIC		MEDICAL CERTIFICATE OF DEATH	
	SEX	4. COLOR	OR RACE	5. SINGLE, MARR OR-DIVORCED	-(write the word)	21. DATE OF DEATH 25 1935	5-
-	. If married, widowe	ed, or divor	cad	The		(MoAth) (Day) (Ya	aar)
	HUSBANO of (or) WIFE of	logi	us Tra	e e		22. I HEREBY CERTIFY, That I aftended decaase	ed from
6.	DATE OF BIRTH (5- 2 g month, day	1895 - , and year)	1		I lasf saw h a alive on 4 25 , 1935 ; death	is said
7.	AGE Year	S	Months	Oays	If LESS than	to have occurred on the dafe stated abova, at 44-3 A.m.	
		39	10	26	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	
PATION	8. Trade, profes kind of w SAWYER.	ork dona, a	rficular as SPINNER, PER, efc	noul	_	Tegrenof faralys 19	of onset
PAI	9 Industry or b	usiness in	which			(fypteles)	
3	SAW MILI	L, BANK, e			**	General Raralysis of the insone; of exphilitio	
000	10. Oate decease this occup yaar)	ation (mon	kad at th and		ne (years) tin this pation	origion a Coulte	
12	BIRTHPLACE (city	ras taum)	Please	aut. Va	My	Other Contributory Cames of importances	22
12.	(State or coun		Wash	les me	KA	Many sincereurs of	7
ER	13. NAME 2	tane	I Ken	edal		July out of any out of it	E-y
FATHER	14. BIRTHPLACE	(city or for	Please	mit Val	leg	Nama of operation Dafe of	
E	(Stafe or		Mark	lev en	R.	What test confirmed diagnosis? Was there an autopsy?	,
MOTHER	15. MAIDEN NAN	NE A	uran	Bawpe	ian	23. If death was due to external causes (VIOLENCE) fill in also the following:	
0 16. BIRTHPLACE (city or fown) Cleanant Wally					lley	Accident, suicide, or homicide?	9.8.
Σ	(Stata or	country)	Mash	· lev m	*	Where did Injury occur?	
17.	(Address)	Mys	Susan	Kend	al sel	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATI	ON, OR RE	MOVAL to	day	-0 - 4	Manner of injury	
_	A Place Later	our	1 Cesury (Date	28,1935	Nature of injury	
19	. UNOERTAKER	lost	0.13,	Hoon	er	24. Was disease or injury in any way related to occupation of deceased?	_
	(Address)	10-10	meters	my &	nd	If so, specify	
20.	FILEDOM	125	935 /20	with ter	quison	(Signed) / Jaff / 13 older	M. D
				0	Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1		Example II		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1115 7 1815	July 5, 1927	Peritonitis	3 days ago	
	TRUDENE V.S.				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY PHYSICIAN
--	------------	-----------	---------	------------	--------------

STATE OF MARYLAND-	CERTIFICATE OF DEATH	582
1. PLACE OF DEATH	(108)	6
County Colombia Marting	Registration Dist No.	5
Village or City Alegenton	No. Alle Constitution, give its NAME instead of street and n	Ward
Length of residence in city or twen where death occurred 2 Oyrs		
2. FULL NAME Henry neptho	r typies	
(a) Residence: No. 199 Berkerson	- Stre. 5 Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS 3.AEX 4. COCOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
Hale, 6 A RD VORCED (write the word)	Auril 23	193 5
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended of	daceased from
11 20 150	I last saw h. Litt. alive on Arril 22 19.35	, 190.0
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 1 If LESS than	to have occurred on the date stated above, at 5:00Pm.	; death is said
74 5 19 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	
& Trade profession or particular	were as follows: Lobar-pneumonia	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK Myther and the SAW MILL, BANK, etc.		
O 10. Date deceased last worked at 11 Total time (Jears)	-	
this occupation (month and 3 - 21-37 spent in this occupation		
12. BIRTHPLACE (city or town) Marshall Va	Other Contributory Causes of importance:	(7)
(State or country)	Mitral	
13. NAME Aprice Lynes		
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of	
15. MAIDEN NAME MAT Known	What test confirmed diagnosis? Was there an at	
	23. If daath was dua to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?	
16. BIRTHPLACE (city or town) (State of country)	Where did injury occur?	, 19
17. INFORMANT Rollie Junes	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
(Address) 189 Beraken UN.		
18. BURIAL, CREMATION, OR BEMOVAL Place Rose Kill Date Sal-27 1935	Mannar of injury	
Place III Date Little 1900	Nature of injury	
19. UNDERTAKER John M. Caldwell	24. Was disease or injury in any way related to occupation of deceased?	
(Address)	(Signad) Mis Combbrel	
20. FILED 40 46 , 1900 GMM HOOWEN	(Address) Hararato M.	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gostroenteritis	1 year	

ADDITIONAL :	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomolive engineer, Statement of Occupation-Precise statement of oc-Foreman, or For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia -Coal minc, etc. (b) Grocery

EASE CAUSING DEATH (the primary affection with respect to time and causation); using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL scplicaemia," "PUERPERAL perilonilis," etc. stated unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Whooping cough; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be ebtained before the certificate is permanently filed.

infor-OCCUPA Jo should Registration Dist. No. item 10wn (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth? statement ORD. (a) Residence: No. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT VVI classified. BINDING 5a. If married, widowed, or divorced C HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of × 田 certificate. 6. DATE OF BIRTH (month, day, end year) properly 7. AGE Years Months Days If LESS than on the date stated above, at FOR stated 1 day, ---- hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Trade, profession, or particular THIS RESERVED kind of work done, as SPINNER, be be Jo SAWYER, BOOKKEEPER, etc. may back plnods CUPA 9. Industry or business in which work was done, as SILK MILI SAW MILL, BANK, etc ... uo 10. Date deceased last worked at 11. Total time (years) this occupation (month app spant in this that occupation TO U.Y.S instructions UNFADING Other Contributory Causes of importance 80 12. BIRTHPLACE (city or town) (State or country) supplied terms, FATHER 14. BIRTHPLACE (city or town). Name of operation plain S (State or country) carefully What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME in DEATH Accident, suicide, or homicide? ___. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?__ should be 17. INFORMANT Very (Address) OF Manner of injury CAUSE mation Nature of injury NOIL (Address) If so, specify

state

man.

1. PLACE OF DEAT

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset Was there an autopsy? 23. If death was due to externat causes (VIOL ENCE) fill in also the following: Date of injury _____ 19_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 24. Was disease or injury in any way related to occupation of deceased? (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Day)

(Year)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

MARGIN RESERVED FOR BINDING

V. S. No. 1

	at the same
1PLACE OF DEATH	STATE OF MARYLAND
County Mash cuylin	CERTIFICATE OF DEATH
WITHIN COMPERATE LIMITS OF	Registration Dist. No. 30 2
Village or City Hygerston (No. 436	Jevye St.: S Ward) (if death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR_DIVORCED (Write the word)	16 DATE OF DEATH Of nel 8 , 1985
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Month) (Day) (Year)	that I last saw h alive on 192 , 192
	01 3
JAGE Shee how If LESS than I day	and that death occurred on the data stated above, at
yrs, mos. ds. or min.?	67
8 OCCUPATION	
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos. ds.
9 BIRTHPLACE	Contributory Secondary
(State or country)	(Durstion) yrs mos ds,
10 NAME OF POLICE	(Signed) M. a. Gurlou M. D.
rara por	shorts 1985 (Address) Huyenstown
OF FATHER (State or country) Work reglet to C 12 MAIDEN NAME (State or country) Work reglet to C	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Kalharine Reglie	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) / Jugey bur he	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Robert Wolf.	Former or usual residence
(Address) Husesbown My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Office 19 19 19 19 19 19 19 19 19 19 19 19 19
- 11/1	Tremises 1, 18
Filed 4/20/ 1923 26 Mass From Registrar	B. Les well Symposium
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Melr

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation whatever, write Nouc. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Loborer—Cool mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman, (b) should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plonler, fulness of various pursuits can be known. Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Civil engineer, Stotionary firemon, etc. But in many Physician, Compositor, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on (b) Automobile foctory. The material Architect, Locomotive engineer, The ques-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid—probably suicide. The nature of the injury. American Medical Association.) (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy troin or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "(Exhaustion," "Heart failure," Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mennges, perilonoeum, etc., Corcinoma, Sarcoma, etc., ot..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY interstitial nephritis, by cough; Committee on Nomenclature Chronic volvulor etc. The contributory Always qualify all heart diseose;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUDRALL V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYI AND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	í	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronie interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN